



BABY JAM 2020 January 16-February 20

Students last name: _____ First name: _____

Age: _____ DOB: _____ Gender: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

BILLING Contact #1 Last Name: _____ FirstName _____ Relationship: _____

Home phone: _____ Cell phone: _____ Work phone: _____

CONTACT EMAIL (billing & info.): _____

Information Contact #2

Last Name: _____ First Name _____ Relationship: _____

Home phone: _____ Cell phone: _____ Work phone: _____

AGREEMENT FOR PARTICIPATION AND TREATMENT OF MINOR INJURIES:

This signature is required for participation of all minor children. By signing this form, the parent or guardian consents to the minor's participation in all JAM Dance Academy, LLC activities and treatment of any sort deemed necessary by the proper supervisors for any illness or injury resulting from minor's participation in all activities.

Signature of parent/guardian _____ Date _____

PART I OR II MUST BE COMPLETED PRIOR TO ENROLLMENT

PART I – TO GRANT CONSENT AND RELEASE OF INFORMATION

I hereby give consent for the following medical care providers to be called in the event of a medical emergency:

Doctor: _____ phone# _____

Dentist: _____ phone# _____

Medical Specialist: _____ phone# _____

In the event reasonable attempts to contact my emergency contact and/or me have been unsuccessful, I hereby give my consent for the administration of any medical treatment deemed necessary by above named doctor/dentist, or in the event the designated preferred practitioner is not available, by another licensed doctor/dentist and the transfer of myself and/or my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians/dentists, concerning the necessity for such surgery, are obtained prior to the performance of such surgery.

List any allergies, medications currently taking or physical impairments: _____

Signature of parent/guardian _____ Date _____

PART II-REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment for my minor child. Please contact me immediately.

Signature of parent/guardian _____ Date _____

2020 Session Dates – All Classes are held on Thursdays, 10:00am-10:30am

January 16-February 20

Pricing per 6 Week session

\$55.00 per Parent and 1 Child. Add \$5 per class per additional child (same family only). If both parents wish to come with 2 children, both parent and child register at the full price.

Payments can be mailed to JAM Dance Academy, 35100 Center Ridge Road, North Ridgeville, 44039

No refunds will be given if child does not attend all classes. Payments must be received 7 Days prior to the start of each session.

Total Due:\$_____

Cash

Check

CREDIT CARD PAYMENT: PLEASE PRINT LEGIBLY

CC # _____

CVC CODE: _____ EXP DATE: _____

I AUTHORIZE THE 3% CONVENIENCE FEE FOR THIS CHARGE: X _____ INITIAL

Payments can be made in the form of a check, cash or credit card. A \$30.00 charge will be assessed for any returned checks. Should a credit card decline, you will need to make your payment with another form of currency. Late fee will still apply if not paid. Checks may be made payable to **JAM Dance Academy**. X _____ INITIAL

Missed classes will not be refunded. A make-up class can be arranged with your teacher.

No refunds/credits will be given. X _____ INITIAL

Attire

Anything comfortable for both you and your child. Street shoes are NOT permitted on the studio dance floor. Please bring your own Pilates Ball.

Photo Release

I hereby give JAM Dance Academy permission to use any photos and/or videos for advertising, website, or other media outlets. Children's names are not listed.

Yes I give my permission No, I do not give my permission

Signature of parent/guardian _____ **Date** _____

office use only:Date Paid: _____