



Students last name: _____ First Name: _____

Age: _____ DOB: _____ Id: Gender: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

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

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

CONTACT EMAIL (billing & info.): _____

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. JAM Dance Academy and it's affiliates are not responsible for any injuries.

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 Student 18 & Up _____ Date _____

PART II-REFUSAL TO CONSENT

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

Signature of Student 18 & Up _____ Date _____

2021 Session Dates – All Classes are held on Tuesdays, 7:15pm-8:15pm

Session #1: September 7th—October 19th

Pricing per 6 Week session

\$75.00 per person

Payments can be mailed to JAM Dance Academy, 13000 Athens Ave., #203, Lakewood, 44107 or emailed to info@jamdanceacademy.net

No refunds will be given if student does not attend all classes. Payments must be received 7 Days prior to the start of each session. Checks made payable to JAM Dance Academy

Total Due: \$ _____

Cash

Check

CREDIT CARD PAYMENT: PLEASE PRINT LEGIBLY

CC # _____

CVC CODE: _____ EXP DATE: _____ ZIP CODE: _____

I AUTHORIZE THE 5% 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 or different card prior to class. Checks may be made payable to **JAM Dance Academy. X _____ INITIAL**

Missed classes will not be refunded and cannot be made up in another session as sessions are not guaranteed due to attendance.

No refunds/credits will be given. X _____ INITIAL

Attire and Equipment

Anything comfortable for you that you can move in and wear socks or bare feet. Please bring your own floor mat, water bottle and towel. A smile and a great attitude as we can't wait to work with you!

Photo Release

I hereby give JAM Dance Academy permission to use any photos and/or videos for advertising, website, or other media outlets. We will not post you in an unsettling light!

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

Signature _____ **Date** _____

office use only: Date Paid: _____