



# JAM DANCE 2024 SUMMER REGISTRATION

New Student

Current Student

(Fill out NAME ONLY of part A OR ANY CHANGES)

A. Students last name: \_\_\_\_\_ First name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**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. In the event of illness or injury requiring emergency treatment, I with the following action to be taken: \_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE CHECK THE CLASSES TAKEN : THERE WILL BE NO DISCOUNTS FOR CLASSES MISSED**

**2024 SUMMER CLASSES**

ALICE IN WONDERLAND CAMP: \$165  
Ages 3-5  
July 9-11, 5pm-6pm

CHILDREN'S BALLET/JAZZ FUSION: \$150  
Ages 5-7  
July 9-11, 6pm-7pm

TAYLOR ERAS CAMP: \$250  
Ages 8-12  
July 16/DEBUT  
July 17/1989  
JULY 18/RED  
6-7pm

CHILDREN'S BALLET: \$300  
Ages 8-12  
July 16-18 / 23-25  
7-8pm

LITTLE JAMMERS: \$105  
Ages 3-5  
Aug 6-8  
5-5:45pm

Total Amount to be Paid: \$\_\_\_\_\_ \*JAM Dance Academy cannot pro-rate for any classes/weeks missed.

Cash:  Check:  Please make checks payable to JAM Dance Academy

Forms with CC payment can be emailed to [info@jamdanceacademy.net](mailto:info@jamdanceacademy.net) or sent to:

34453 Center Ridge Road, North Ridgeville, OH 44039

**NAME ON CARD** \_\_\_\_\_

**CC#** \_\_\_\_\_

**CVC Code:** \_\_\_\_\_ **EXP DATE:** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**A 5% convenience fee will be posted for credit card charges. INL:** \_\_\_\_\_

**No refunds will be given. \_\_\_\_\_ INITIAL**

**\*We must have a minimum of 3 children for each class. In the event a class is cancelled, JAM will refund payments made.**

**Photo Release**

I hereby give JAM Dance Academy permission to use any photos and/or videos for advertising, website, or other media outlets in and out of year registered. Student's names are not posted.

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

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

JAM DANCE ACADEMY CORRESPONDS TO YOU VIA EMAIL. PLEASE CHECK YOUR SPAM ACCOUNT OR PLACE JAM IN YOUR CONTACT INFORMATION. CORRESPONDENCE SENT TO PARENT EMAIL PROVIDED ON FORM.