

OFFICE USE ONLY
(Do Not write in this space)

Student No. _____

Family No. _____

Jennifer's School of Dance

and Cheernastics, Inc.

Please check which class(es) you are registering for:

- Dance
 Cheernastics
 BOTH

902 Veterans Memorial Blvd. ~ Glennville, Georgia 30427 ~ 912-654-5763 (JSOD) or 912-654-2479

Mailing address: 802 Merganser Circle ~ Glennville, Georgia 30427

www.jennifersschoolofdance.com

~ 2011 - 2012 Dance / Cheernastics Registration ~

Registration Fee will be \$25 per child (non-refundable), \$20 each additional child in the same family; payable upon return of completed registration form. Monthly fees: \$40 per child per month for the first class. Tuition is payable the first class day of the month. Classes will begin August, 2011. Enrollment is based on a nine month schedule (August - April). Our Spring Recital is tentatively set for Saturday, March 31, 2012. After June 1st registration fees will be \$50 per child.

Student's Name (Please print ALL information CLEARLY) _____

Address _____

Birth Date _____ Age _____

School Attending _____ Grade Entering _____

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Mother's Email (please print CLEARLY) _____

Father's Email (please print CLEARLY) _____

Emergency Contact (If parent can not be reached) _____

Phone _____ Relationship _____

Previous Training (Dance/Cheer School) _____ Years of Study _____

Special Information About Student (medications, precautions, etc.) _____

Number of **Spring Recitals** participated in with JSOD (very important for awards records) _____

WAIVER

_____ and _____, the parents of _____, do hereby represent to Jennifer's School of Dance and Cheernastics, Inc. that their child is of sound health and has no history of a medical or physical condition which could in any shape, manner, or form place the child at risk because of said condition. The said parent is also hereby acknowledging that they have been informed by Jennifer's School of Dance and Cheernastics, Inc. of the nature of the instruction that their child will receive and that such instruction involves physical exercise and stress.

It is further understood that unless caused by the negligence of Jennifer's School of Dance and Cheernastics, Inc., we hold harmless for any such injury incurred during the course of instruction. We understand all the policies of Jennifer's School of Dance and Cheernastics, Inc., and uphold these conditions.

INSURANCE & PERMISSION FOR TREATMENT

My signature below indicates that I authorize Jennifer's School of Dance and Cheernastics, Inc., Jennifer Bland, and teachers to use standard first aid procedures on my child listed above and give my consent for other medical procedures that are necessary.

Signature _____ Date _____