REGISTRATION FORM FOR 2019-2020

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Grade in school \_\_\_\_\_\_

Parent or guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_other: \_\_\_\_\_\_\_\_

e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(this gives permission to receive all studio communication and account information via this email)

Any special requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(different class, day or time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical conditions or allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Tumbling

\_\_\_\_ Combination class

\_\_\_\_ Extra tap class (for intermediate and advanced)

\_\_\_\_ Extra ballet/technique class

\_\_\_\_ Pointe class (age 10 & up with at least 3 yrs. dance)

\_\_\_\_ Competition groups (any age)

\_\_\_\_ Competition solo/duet

\_\_\_\_ Student helper

**Registration fee enclosed $35 .**

 Mail form to: Debbie Petersen, 35865 I Ct., Earlham IA 50072

 Link for online registration will be on Deborah’s S/D Facebook page.

 Parent portal and online payments on www.jackrabbitclass.com.

WAIVER AND RELEASE – 2019-2020

I hereby waiver all claims for injury, damage or loss of my person or property during by participation and release the owner, instructors, employees and volunteer helpers of Deborah’s School of Dance, LLC from any act or omission of any of them. All participants do fully participate at their own risk.

Print student’s name

Signature of student over 18, or parent/guardian

 Date: