



Amy Baker (Director/Owner)
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 JunctionCitySchoolofDance.com
 Studio A (east wing of Christ Center): 530 W. 7th Ave, Junction City
 Studio B (inside Total Body Fitness): 121 W. 6th St., Junction City
 Mailing Address: P.O. Box 543, Junction City, OR 97448

REGISTRATION FORM

Student Name:		Birth Date:	
Mother:		Employer:	
Phone: (Home)	(Work)	(Cell)	
Mailing Address:			
Email Address:			
Father:		Employer:	
Phone: (Home)	(Work)	(Cell)	
Mailing Address:			
Email Address:			
Guardian:		Employer:	
Phone: (Home)	(Work)	(Cell)	
Mailing Address:			
Email Address:			

Office Use Only			
Class:			
Tuition Fee:		Registration Fee:	
Check #:	Cash:	Money Order:	Date:

Release of Liability

The undersigned student or parent/guardian hereby *consents to participation* in the programs at Junction City School of Dance (JCS D). In consideration of my child's participation in such activities, *I do hereby waive, release and forever discharge* JCS D and its employees, instructors, and staff from any and all responsibilities or liability for injuries or damages resulting from my child's participation in any activities. Furthermore, *I agree to indemnify each of them* from any loss, claim, damage, or expenses, including attorneys' fees and resulting from or arising out of any injury to any person or damage to property, caused by participation of Releaser in any activities at the JCS D. I further *authorize JCS D to seek medical attention for my child, or myself* if in the judgment of the staff members it should be necessary. In the event my child should require medical attention and/or treatment during the course of any activities and after a reasonable attempt I cannot be contacted for the purpose of consenting to such treatment in a timely manner, I hereby *give permission* to any hospital, physician, and/or other appropriate health care provider selected by the staff members to undertake any form of medical treatment considered necessary or appropriate by such provider in such events. I also *agree to the use of my child's image* or likeness in promotional materials including, but not limited to, brochures, newspaper articles, books, and /or television.

Parent/Guardian Signature: _____ **Date:** _____

Fees due at registration are as follows:

\$ 30.00 registration fee per family	\$ 30.00
1/2 costume fee @ registration \$30.00 (combined total)	+\$ _____
Registration tuition (combined total)	+\$ _____

Total due at Registration: \$ _____

Please indicate registered classes below:

1. Class name: _____
Day: _____ Time: _____
2. Class name: _____
Day: _____ Time: _____
3. Class name: _____
Day: _____ Time: _____
4. Class name: _____
Day: _____ Time: _____

*At the time of registration, you will receive a 10% discount (*on tuition only*) if you pay registration fee, entire year of tuition and all costume fees in full.

*Costume fee \$30.00 @ registration ,balance due by Dec 1st(total \$60/per class).
These fees may also be paid in four monthly installments (Sept. – Dec.)
Please call office to make arrangements.

In hopes to communicate and share our love of dance we want your permission to use photos of your child on Face Book. Your child's safety is our highest priority, so if this is something you are not comfortable with please sign below, and we will take special precaution not to use any photos with your child in them.

Child's Name _____

Parent Signature _____ Date: _____