



Amy Baker (Director/Owner)

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Website: JunctionCitySchoolofDance.com

Studio A & C (east wing of Christ Center): 530 W. 7th Ave

Studio B (inside JC Fit): 121 W. 6th St.

Mailing Address: P.O. Box 543, Junction City, OR 97448

REGISTRATION FORM

Student Name:		Age:	
Mother:		Birth Date:	
Current School Attending:		Homeroom Teacher:	
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:			

Release of Liability

The undersigned student or parent/guardian hereby *consents to participation* in the programs at Junction City School of Dance (JCSD). In consideration of my child's participation in such activities, *I do hereby waive, release and forever discharge* JCSD 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 JCSD. I further *authorize JCSD 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.

Parent/Guardian Signature: _____

Date: _____

Fees due at registration are as follows:

\$40 registration fee (\$5 per Additional Dancer per Family)	\$ 40.00 / 5.00
(\$10 JCSD lion t-shirt/ per child)	
1/2 costume fee @ registration \$35.00 (\$35 X #of	+\$ _____
classes) First months tuition (combined total)	+\$ _____
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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: _____

Please indicate t-shirt size below:

Youth Size

XSmall Small Medium Large

Adult Size

Small Medium Large

Discounts/Promotions

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

*1/2 of your child's costume fee (of \$35 per class) is due @ registration, remaining balance due by Dec 1st (total \$70/per class).

These fees may also be paid in four monthly installments (Sept. – Dec.)

*Please email JCSD financial manager Lawrence Brahms to make arrangements:
lbrahms@hotmail.com*

In hopes to communicate and share our love of dance we want your permission to post your child's image or likeness in promotional materials including but not limited to, brochures, newspaper articles, books, website and/or Facebook.

Please sign below agreeing to this.

We will take special precautions as your child's safety is our highest priority.

Child's Name _____

Parent Signature _____ Date: _____