



Student Registration Form
Summer Dance Program 2008

Child's Name _____ Date of Birth ____/____/____
Parent or Adult Responsible for Account _____
Address _____
City _____ Zip _____
Home phone number (____) ____-____ Cell phone (____) ____-____
E-mail Address _____ How did you hear about us? _____

Please indicate week(s) your child will attend the Summer Dance Program:

- June: [] June 16 - 20 [] June 23 - 27
July: [] July 7 - 11 [] July 14 - 18 [] July 21 - 25

Please indicate desired classes:

Levels IV/V

- Monday: [] Ballet 5:30-6:30 [] Jazz 6:30-7:30
Tuesday: [] Ballet 5:30-6:30 [] Hip Hop 6:30-7:30
Wednesday: [] Ballet 5:30-6:30 [] Tap 6:30-7:30
Thursday: [] Ballet 5:30-6:30 [] Modern 6:30-7:30

Levels VI and up

- Monday: [] Ballet 6:30-8:00 [] Modern 8:00-9:00
Tuesday: [] Ballet 6:30-8:00 [] Hip Hop 8:00-9:00
Wednesday: [] Ballet 6:30-8:00 [] Tap 8:00-9:00
Thursday: [] Ballet 6:30-8:00 [] Jazz 8:00-9:00

Levels IV/V

- [] 8 classes \$100/week x ____ weeks = \$ ____
[] 4 classes \$50/week x ____ weeks = \$ ____
[] Single hr. classes \$15/class x ____ classes = \$ ____

Levels VI and up

- [] 8 classes \$125/week x ____ weeks = \$ ____
[] 4 ballet classes \$70/week x ____ weeks = \$ ____
[] Single hr. classes \$15/class x ____ classes = \$ ____

Non-refundable Registration Fee (new students only): \$30

Early bird discount (if registering before March 15th): - \$10

Total: \$ ____

Please sign release on reverse side.

Release from Liability:

_____I understand that with any athletic and physical training similar to what occurs in dance education, there is a risk of physical injury. I do hereby release Jansen Dance Project (JDP) and any of its staff from any liability, which may occur on or around its premises or at any function sponsored by JDP that may occur off its premises. I have taken steps to obtain health insurance which will cover any sustained injury. In the event of an emergency, I give JDP and its staff the right to obtain medical services for the signatures below. I also understand that fully receiving good dance training may involve adjustment of the dancer's body by the teacher.

Publicity Release:

_____I authorize JDP to use my student's name and/or picture in other materials and media for publicity, advertising, and marketing purposes.

_____I acknowledge all classes are subject to cancellation if there are less than 5 students enrolled in the class. I understand the make-up class policy. I agree to abide by JDP's tuition policies.

I have read, understood, and agreed to the Liability Release and the Publicity Release stated above.

Person Responsible for Account Payment: _____ Date: _____
Signature

Jansen Dance Project
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Tampa, FL 33647
813.979.2222 or jansendance@msn.com