



**JUST DANCE ACADEMY**  
**New Student Registration Form**

Season: \_\_\_\_\_  
 Signup Date: \_\_\_\_\_

**Student Information**

Student's Name: \_\_\_\_\_  
 Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Phone (2): \_\_\_\_\_  
 Parents/Guardian Names: \_\_\_\_\_  
 Primary Email Address: \_\_\_\_\_  
 Secondary Email Address: \_\_\_\_\_  
 Primary Phone # \_\_\_\_\_

**Classes**

Class Name	Meeting Date(s) / Time	Tuition Due

**Medical**

Allergies: \_\_\_\_\_  
 Will your child require any special medical attention during a normal class: (yes/no)  
 If yes – Explain: \_\_\_\_\_

**Legal Release and Policy Acceptance (please initial)**

\_\_\_ I/we understand the Studio Policies      \_\_\_ I/we understand my billing obligations  
 \_\_\_ I/we understand the risks related to dance      \_\_\_ I/we give media use rights permission  
 \_\_\_ I/we understand the dress code      \_\_\_ I/we DO NOT give media use rights permission

**Agreement of Participation**

I understand that the risk of injury is inherent in any physical activity and I on behalf of my child, and myself knowingly and voluntarily accept that risk. I waive and release Just Dance Academy and its staff from any and all claims or damages of any kind arising out of my child's participation of classes.

\_\_\_\_\_  
 Signature / Responsible Party

\_\_\_\_\_  
 Date