



SUMMER REGISTRATION FORM 2009

Name: _____ Age: _____ DOB: _____

Parent's Name: _____

Address _____

City _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell: _____

CLASS SELECTION

Day	Class	Time

PAYMENT	
Tuition: _____	Payment Method:
Registration Fee: _____	Check # _____
(\$25.00 New Students Only)	Date: _____
Applicable Discounts: _____	Amount: _____
Total Due: _____	Cash: _____
Payment Received: _____	
Balance Due: _____	Mastercard/Visa accepted.
<i>Thanks for dancing at Jazzworx!</i>	

I hereby release Jazzworx Dance Center and its instructors from all claims of liability while I or my child(ren) dance at this facility. I realize that Jazzworx Dance Center is not responsible for personal injury or lost property. Also, by signing below I agree to the terms of my payment schedule as well as all studio policies and understand that failure to comply may result in dismissal from the program.

Signature _____ Date _____