



Summer 7 week Dance Registration 2017

Student Name (Please print)		Birth Date and Grade in School (Fall 2017) Current Age: Today's DATE:		
Address	City	Zip Code	Contact Person	Alternate Phone
Mother's Name		Work Place and Phone		
Father's Name		Work Place and Phone		
#1 In case of emergency, Name & Phone # (if unable to reach parents) #2 In case of emergency, Name & Phone # (if unable to reach parents)				
COMPLETE SUMMER 7 WEEK DANCE SESSION Group 1 <input type="checkbox"/> COMPLETE SUMMER 7 WEEK DANCE SESSION Group 2 <input type="checkbox"/> COMPLETE SUMMER 7 WEEK DANCE SESSION Group 3 <input type="checkbox"/> SINGLE CLASSES: Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> (check the box in your group) Ballet/Pointe with Nutcracker: 3 hours <input type="checkbox"/> Variations 1 hour (must be enrolled in a ballet class): <input type="checkbox"/> Jazz: 1.5 hour <input type="checkbox"/> Tap: 1.0 hour <input type="checkbox"/> Ballet/no Pointe with Nutcracker: 2.5 hour <input type="checkbox"/> Ballet/no Pointe no Nutcracker: 1.5 hour <input type="checkbox"/> Modern/Contemporary: 1.0 hour <input type="checkbox"/> Stretch and Conditioning: 1.0 hour <input type="checkbox"/>				
Previous Dance experience if any. Evaluations may be required. (new students only please complete)				
How did you hear about Julie Moffitt Ballet School? (new students only please complete)				
Any health issues or concerns/ medications?				

No registration/ insurance fee is due for summer dance. Tuition payment is due in-full at registration or you may choose auto-pay option (Auto-Pay available to dancers taking the complete 7 weeks session or Adult classes only).

Registering for summer guarantees enrollment for the 9 month Dance year 2017-2018.

Refunds or discounts are not given for absences in registered classes.

LIABILITY WAIVER

I release Julie Moffitt Ballet School, owners, employees, and building owners from all liability for any and all damages and injuries suffered by myself or my child while on the premises at 2625 N 1000 W, Pleasant View, UT. I understand that I or my child's participation is entirely by choice and I take full responsibility if I or my child is injured while on the premises. By signing this form I acknowledge and I agree to these terms of registration set by JMBS.

Please Print Parent Name: _____

Signature of Parent/Guardian of minor child: _____