



Fall Registration 2014 - 2015

Name _____ Age _____ Date of Birth _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____

Email 1 _____ 2 _____

Mother _____ Father _____

School _____ Grade _____

Allergies _____ Medications _____

Dance Experience:

Years _____ Ballet _____ Pointe _____ Tap _____ Jazz _____

Hip- Hop _____ Contemporary _____ Other describe/yrs _____

Vocal/Music Experience:

Years _____ Range _____ Coach _____ Instrument _____

The following must be signed in order for a student to attend any class or performance.

In attending JovoDance, taking any dance or acro classes and otherwise using the facilities and equipment therein, I do so at my own risk. JovoDance shall not be liable for any damages arising from personal injuries incurred by me in, on, or about the premises of JovoDance. relative to my attendance at the dance school, taking dance or acro classes or otherwise using the facilities and equipment therein. I assume full responsibility for any injuries and damages which may occur to me in, on, or about the premises of JovoDance, and I do hereby fully and forever release and discharge JovoDance, its shareholders, directors, officers, dance instructors, employees, and agents from all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my use of said JovoDance, dance classes, facilities and equipment thereof.

In addition, I understand that correct physical placement and body alignment are necessary in order for all dance movement to be properly executed. I understand and agree that the instructors will be touching my child within a class setting for correction purposes. Finally, I give JovoDance my permission for the use of any printed photographic and/or video recordings of the above named student to be used in any promotional and/or fundraising materials. With this release I also understand that we will not receive any compensation for the said materials.

I hereby acknowledge that I have read and agree with the above information as it pertains to the student listed above.

Signature of parent or legal guardian _____ Date _____

Print Name _____ Student's Signature _____ Date _____

___ I verify that I do not dance with a company or performing group that is not affiliated with JovoDance.