2021 Registration Form

NAME	DOB
ADDRESS	ZIP
PHONE NUMBER #1	
PHONE NUMBER #2	
PARENT/ GUARDIAN NAME	
PARENT/ GUARDIAN NAME	
EMAIL	
EMERGENCY CONTACT	
DOES YOUR CHILD HAVE ANY ALLERGIES?	
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?	

COSTUME SIZES

DRESS

SHIRT

PANTS

HOW DID YOU HEAR ABOUT US?

LIABILITY WAIVER

I understand that dancing is a physical activity and therefore carries an inherent risk for injury. I agree to waive any responsibility for an injury that may occur while engaging in the activities offered at Miss Jennies School of Dance.

Student name (print

Parent or Guardian name (print)

Parent or Guardian (signature)

Date

FACEBOOK WAIVER

_____ I give my permission for my student's picture to be used on Miss Jennies School of Dance website, Facebook page, Instagram page and any printed studio information materials.

_____ I do not wish to have my child pictured on any studio materials.

Parent/Guardian signature

Print student name

Print parent/guardian name

Date