

Ballroom Registration Form

Student Name(s):		
Address:		
City:	State:	Zip Code:
Phone: Home:	Work:	Cell:
Email (required for billi	ng purposes):	
Birth Date(s):		
Previous Dance Training	g:	
Any Health or Physical	Restrictions?	
What style(s) are you m	ost interested in practici	ng? (Circle)
Waltz Tango Cha	-Cha Rumba Salsa	Foxtrot 2-Step Swing Bolero
Samba Other:		
Are you interested in ou	r group classes?	Are you participating in a wedding package?
Yes No		Yes No
knowingly execute this release all claims, actions, demands from or be sustained as a reinstruction, practice, and Center. I (WE) also give permin in REGISTRATION AND PAY CHARGE IF YOU CANNOT I	se with the expressed intentions, or rights to monetary judgen result of my participation or the physical activity associated winission to the school to use physical connection with school public MENTS ARE NON-REFUNDAL MAKE A LESSON. YOU ARE RESEARCH WAS ARESON.	of a student of the classes held by JK Dance Center, do voluntarily and of effecting the extinguishment of and complete release from any argument arising from any and all injury or physical harm which may arise the participation of my child and/or legal ward in various programs of the study of Dance and related activities conducted at JK Dance otos and/or videos of my child and/or legal ward without remunerations, advertising, TV, and news coverage. BLE. A FOUR-HOUR NOTICE IS REQUIRED IN ORDER TO AVOID A RESPONSIBLE FOR YOUR ACCOUNT UNTIL SUCH NOTIFICATION IS RECEIVED.
BY SIGNING, I AM ENTE	ERING AN AGREEMENT THAT	THAVE READ AND UNDERSTOOD ALL POLICIES OF JK DANCE CENTER.
SIGNATURE		_ DATE:
SIGNATURE		_ DATE:
	•	FFICE USE ONLY***
		3
		6
Total Hours	Tuition	
PAID BY: Check #		Credit/Debit(Pay Pal) MEMO: