



REGISTRATION FORM

110 S. Gay Street | Susanville, CA 96130 | 530.310.1909

Student Info.

First Name _____
Last Name _____
Date of Birth _____ Age _____
School _____ Grade _____
Cell Phone _____ Alt Phone _____
Email _____

Parent/Payee Info.

First Name _____
Last Name _____
Address _____
City/State/Zip _____
Cell Phone _____ Work Phone _____
Email _____

Class Info.

Class 1 _____
Class 2 _____
Class 3 _____
Class 4 _____

Total Tuition \$ _____

Parent/Guardian Signature

Date



STUDIO RELEASE FORM

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PHOTO RELEASE FORM

Release: I hereby grant Joan's Studio of Dance, Inc. and its respective licensees, successors, affiliates, and assigns permission to use and reproduce any images and videos of my child (children) in any format whatsoever for promotional purposes including but not limited to marketing, advertising publicity, print materials, social media, websites, and internet advertising. Said images and videos are the property of Joan's Studio of Dance, Inc. and no compensation whatsoever is paid for the use thereof. I agree to fully indemnify, hold harmless and release all claims against Joan's Studio of Dance, Inc. in relation to said name and images.

INJURY WAIVER AND GENERAL RELEASE FORM

By signing your name below as a participant, and/or parent / legal guardian of a student at Joan's Studio of Dance, Inc., you acknowledge that participation in our programs may expose you to the possibility of personal injury. You, being fully aware that attending dance class or other related activities at the studio, exposes you to a possible risk of personal injury, hereby releasing Joan's Studio of Dance, and its officers, directors, employees, agents, consultants, independent contractors and affiliates from any and all liability from property damage, personal injuries, or other claims arising from or in connection with your participation in the program including claims that are known and unknown, foreseen and unforeseen, future or contingent. Students should never wait on the sidewalk for their transportation. Please do not drop your child off any earlier than 10 minutes before class and all students must be picked up promptly after class unless cleared by a teacher to wait in the waiting room. This agreement shall be binding on you, your spouse, your children, legal representatives, heirs, successors and assigns.

Student's names: (please print first and last name)

I hereby affirm that I am the parent and/or legal guardian of the minors. I have read, understand and agree to the above terms and conditions.

Print parent's name

Sign _____ **Date** _____