

# *miss jackie dance*

**Please print clearly**

Student's Name				
Age		Birth date (dd/mm/yy)		
Dance Experience				
Mailing Address				
Apt #		City		Postal Code

**Parent Information**

Mother's Name				
Work #		Ext#		
Cell #				
Home #				
Email				

Father's Name				
Work #		Ext#		
Cell #				
Home #				
Email				

I hereby certify that my child is in good physical condition and able to participate fully in this program. All current medical conditions requiring medication are outlined below. I release Miss Jackie and teachers from liability in case of accident or injury whether on or off the premises. I understand that all classes will be conducted in the safest possible manner by trained professional instructors.

Medical Conditions			
Signature of parent or guardian		Date	

**Requested Classes**

Class		Day		Time	
Class		Day		Time	
Class		Day		Time	
Class		Day		Time	

**Students will not be allowed to participate without a registration form and payment.**

<b>Office Use Only</b>		
Date Received:	Amount paid:	Cheque#:
Cancellation Date:	Amount returned:	