



Contact Information

_____		_____		M	F
Child's Name		Date of Birth		Sex	
_____		_____			
Parent's/Guardian's Name		Parent's/Guardian's Name			
()	()	()	()		
Home/Cell Phone	Work Phone	Home/Cell Phone	Work Phone		
_____		_____			
Address		Address			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			
_____		_____			
Email		Email			

Medical Information

Allergies/Special Health Considerations

I, _____ release **JM Dance Center** and its individuals from liability in case of accident during activities related to **JM Dance Center**, as long as normal safety procedures have been taken. I also acknowledge that pictures and/or videos of my child(ren) may be taken during classes for promotional purposes to support the center.

Parent's/Guardian's Signature

Date