

# SUMMER 2019

TJ Dance Registration Form and Liability Release  
14701 NE Main St. #C2  
Duvall, WA 98019  
425-844-9086

Registration Date \_\_\_\_\_

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Allergies/Concerns:

☐ Home Phone: \_\_\_\_\_

☐ Cell Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

✓ Please check preferred method of contact above

Class Name	Instructor	Day & Time	Studio	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

• Dance instruction may require instructors to touch the dancers body for proper placement. **Please initial:** \_\_\_\_\_

• TJ Dance will, on occasion, use candid photos of dancers in class and in performances. If you object to this please contact the owners, Jayne or Peg, personally. **Please initial:** \_\_\_\_\_

TJ Dance does not carry medical insurance for its students. If injury occurs it is understood that the students personal medical insurance will cover all costs.

## Medical Emergency Information

I give my permission for the Dance Teachers, Jayne Hancock and Peg Burnside, and other TJ Dance instructors to get medical attention for my child, in the event that a medical emergency should arise and I cannot be reached.

\_\_\_\_\_  
Signature or Parent/Guardian Signature

Health Care Provider/Dr. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Liability Release

I hereby release the TJ Dance instructors, any guest instructors, any adults in charge, and the owners of the land and building of TJ Dance's residency from any liability resulting in accident or injury while participating in any activity at TJ Dance. This also includes any activities in the waiting area or parking lot. TJ Dance does not supervise the waiting area or the parking lot. I certify that my level (or my child's level) of physical condition determined by my physician or myself allows me to safely participate in classes. My signature states that I have read and understand this liability release.

\_\_\_\_\_  
Signature or Parent/Guardian Signature

\_\_\_\_\_  
Date