

**JUNEAU DANCE UNLIMITED, INC.
REGISTRATION FORM**

8420 Airport Blvd. Ste. 202, Juneau, AK 99801
463-LEAP (5327) FAX: 463-3601 email: juneaudance@gci.net

Please complete a separate form for each student.

If student is a minor, a parent or guardian should complete this form. Confirm your acceptance of the Payment & Refund and Cancellation Policies by initialing where indicated. Please complete and sign the Liability and Medical Waiver, Medical Permission and Photo/Video permission forms.

Student Name: _____ **F** ___ **M** ___ **Age** _____ **Date of Birth** _____

Mailing Address: _____

Parent/Guardian: _____ **E-mail:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Parent/Guardian: _____ **E-mail:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

If both parents work during the day, please provide the above information for both parents.

CLASS	DAYS	TIME	COST

___ I would like to apply for an Instructor Placement class. Sub-total \$ _____

___ Our family is a current JDU member. *JDU Membership (July 1 – June 30)*

___ Please renew my annual JDU membership (\$35).

___ Yes, our family would like to become a JDU member (\$35). Membership Donation \$ _____

(Please complete JDU annual membership form.)

___ I would like to contribute to JDU's scholarship fund. Scholarship Donation \$ _____

TOTAL Due \$ _____

OPTIONAL

___ Please invoice us monthly (a 5% surcharge will be added to the total tuition). First month's tuition must be paid prior to first class. JDU office will determine first payment and invoices will be mailed after the first month of the semester.

Payment Method: Check # _____
MasterCard or Visa (circle) **Credit Card #** _____

Name on Credit Card _____ **Exp. Date** _____ **3-Digit Security Code #** _____
(please print)

Amount _____ **Signature** _____

I would like to volunteer for: ___ Costumes ___ Backstage ___ Special fundraising events ___ JDU Office ___ Board of Directors
 ___ JDU studio maintenance ___ Performances (box office, ticket sales, etc.) ___ Fundraising ___ Wherever help is needed

Payment and Refund Policy: Payment in full for the Semester Class Fees is due on or before the first day of classes (unless monthly invoicing is requested). The cost of the courses is set. Credit is not offered for missed classes. Students may attend similar classes to make up for those missed if the absence is excused. If a student is not interested after the first class, you may cancel and receive a full refund of the tuition balance. Refunds requested after the second class require a \$25 administrative fee in addition to the cost for classes already taken. There are **NO REFUNDS AFTER THE THIRD CLASS**. The Juneau Dance Unlimited Board of Directors will determine refunds due to medical or other emergencies on a case-by-case basis. _____ Initial

Cancellation Policy

JDU reserves the right to cancel any classes at any time. Class will be canceled if a minimum enrollment is not met. Students will receive credit for other similar classes or a full refund of the tuition balance as requested. I understand the participant will be officially registered and space will be reserved upon receipt of full payment and space availability. _____ Initial

JUNEAU DANCE UNLIMITED, INC.

Liability and Medical Waiver

Student Name _____ Birthday _____ Age _____

Mailing Address _____

Parent/Guardian _____ Home Ph. _____ Work Ph. _____ Cell Ph. _____

Parent/Guardian _____ Home Ph. _____ Work Ph. _____ Cell Ph. _____

Waiver of Liability

You may be aware that dance, theater, acrobatics and partnering involve a great range of physical motion not often performed outside of the realm of dance. Active people are prone to minor sprains and muscle strains as a normal part of their exercise experiences. Juneau Dance Unlimited strives to maintain a safe, clean classroom environment. Our instructors are experienced dancers who include warm-up exercises at the beginning of each class. Cool-down exercises often conclude classes. Health tips and suggestions are an integral part of a good dance curriculum.

Some individuals may be more susceptible to injuries. Inform the instructor of any injuries that may limit your range of motion. Students are ultimately responsible for adhering to their own limitations; instructors will encourage this in every way possible, but will not be held responsible for injuries that may occur under their supervision.

- JDU suggests appropriate clothing and footwear be worn for each class. We especially stress a layered approach (leggings over tights and leg warmers) which will enable the student to warm the muscles when needed.
- Children and all students are to treat all studio equipment in the context for which it was intended. Barres are not to be hung on, and mirrors are not to be touched or leaned against.
- Please leave valuables at home. Security cannot be ensured by JDU. We are not responsible for lost or stolen items.

Students shall not remain on the studio premises or performance venues without JDU supervision. They shall not enter the classroom without instructor permission.

I, the undersigned, do hereby waive all claims for liability against Juneau Dance Unlimited (JDU), JDU dance instructors, and JDU assistant dance instructors for injury or loss sustained by me or my child in conjunction with the following:

- 1) Any classes in which my child(ren) or myself (adult student) participate sponsored by JDU.
- 2) Any performance or rehearsal in which my child(ren) or myself (adult student) participate(s) sponsored by JDU.
- 3) Any incidents that may occur on or around the premises of the JDU Dance Studio, located at 8420 Airport Blvd., Juneau, Alaska or any performance venues.

➔ _____
Parent/Guardian or Student (if over 18 years of age) Signature

_____ Date

Medical Permission

In case of medical emergency, I give my permission to the JDU Executive Director or an immediate designee to authorize medical treatment for my child, the cost of which will be paid by me, or my medical insurance carrier listed below.

(The information below is required by all participants of JDU classes and JDU Fine Arts Camp.)

Name of Insurance Carrier _____ Policy Number _____

Name of Policy Holder _____ Group Number _____

Emergency Contact: _____ Relationship _____ Phone _____

Allergies known _____

➔ _____
Parent/Guardian or Student (if over 18 years of age) Signature

_____ Date

Photo/Video Release (optional)

I give my permission to Juneau Dance Unlimited (JDU) to use photos and/or videos taken of my child _____ in any promotional or fundraising efforts, including the JDU web site (names will not be used on the web site). I understand that photos and/or videos may be taken of my child any time during JDU's program activities and/or performances and that they become the property of JDU.

➔ _____
Parent/Guardian or Student (if over 18 years of age) Signature

_____ Date