



A Professional School dedicated to the Excellence of its Students.

Registration Form

Student Name: (Last) _____ (First) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Birth date: ___/___/___ **Age:** _____

Home Phone: (_____) _____ **E-mail:** _____

Mother/Guradian: _____

Phone (H): (_____) _____

Work: _____ **Phone (W):** (_____) _____

Father/Guradian: _____

Phone (H): (_____) _____

Work: _____ **Phone (W):** (_____) _____

How did you find out about SJDW:

- () Friend () Poster () Performance () Ad
() Internet () Flyer () Yellow Pages () Mail
() Other: _____

Classes:

Parent/Guardian:

Your signature below indicates approval and permission of the following:

1. Please inform staff of any medical conditions which might affect class participation.
2. The parent or guardian(s) agree that in case of medical emergency, after every reasonable effort has been made to contact them, to have the physician secured by the adult in charge of activities to hospitalize, secure treatment for and to order injection, anesthesia or surgery for the child. In the event any such treatment is not covered by insurance applicable to the activities, the parent / guardian will pay the expenses incurred in such emergency treatment.
3. South Jersey DanceWorks, employees or guests shall not be held responsible for injury or illness to a student while student is attending classes or performing with SJDW.
4. Any photos taken by SJDW of a SJDW student, while enrolled in SJDW (during class, rehearsal or performance), may be used by SJDW for advertising, promotion, publication purposes.

(parent / guardian must sign this form in order to have a child registered at SJDW)

Signature: _____ **Date:** _____