



Love God. Learn dance. Have fun.

Student Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Age _____ D.O.B. _____

Parent/ Guardian Name (if applicable)

Phone _____ Cell _____

Email _____

Dance Experience:

Type of class _____ Years _____

Type of class _____ Years _____

Type of class _____ Years _____

Registering for:

Class	Day	Time
--------------	------------	-------------

Please list any health issues/allergies:



Love God. Learn dance. Have fun.

Waiver/Authorization and Release for
Photography/Videography

I _____ (student/or guardian) hereby waive all claims of injury, damage, or loss to my person and property during my participation in classes, rehearsals, and performances at the Great Joy School for Worship Dance, and release the teachers and owner from any liability for injury, damage, or loss which may be caused by any act or omission from them.

I hereby grant permission to the Great Joy School for Worship Dance and its employees to photograph my image, likeness, or depiction and/or that of my minor children (if applicable).

I hereby consent to and permit photographs and/or videos of me and/or those of my minor children to be used by The Great Joy School for any purpose, including educational and advertisement purposes, and in any medium, including print, electronic, and internet. I understand that the school may use such photographs and/or videos with or without associating names thereto. Names of students under the age of 18 will never be used.

I acknowledge that tuition is paid on a monthly basis and should be paid within the first seven days of each month.

I acknowledge that I have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

Signature

Date

Print Name

Name of minor child