

Jill's Jazz Pizazz
School of Dance

ENROLLMENT FORM

STUDENT'S NAME _____ D/O/B _____

ADDRESS _____

CITY, STATE, ZIP _____

Home Phone number _____ Student's cell number _____

Mother's name _____ Work number _____

Mother's Cell Phone number _____

Father's Name _____ Work number _____

Father's Cell Phone number _____

Email Address _____

Student's Email Address _____

List any health problems or disabilities I should be aware of: _____

In case of an emergency, list a name and phone number of someone other than the parents:

Name _____

Phone number _____ Cell number _____

The authorized legal representative jointly and severally hereby forever releases, discharges and acquits Jill's Jazz Pizazz and all their employees, owners, and directors from any and all claims for damages or injuries of any kind, nature or description. This waiver is to be effective on completion of registration.

Signature of
Parent/Guardian: _____ Date _____