



15 East Deer Park Road  
Dix Hills, NY 11746  
631-462-2444



227 Bedford Ave  
Bellmore NY 11710  
516-781-5090



200 Middle Neck Road  
Great Neck, NY 11021  
516-466-5647

Visit us at [www.jamdanceandfitness.com](http://www.jamdanceandfitness.com) or email us at [Forjamdancers@gmail.com](mailto:Forjamdancers@gmail.com)

**Family Information:**

Last Name: \_\_\_\_\_  
 Parent Name: **(responsible for payment)**: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address\* : \_\_\_\_\_

\*This will be our means of communication for the dance year.

1) Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Registration:** Class/time: \_\_\_\_\_  
 Grade as of September: \_\_\_\_\_

2) Sibling/Additional Class: \_\_\_\_\_ DOB: \_\_\_\_\_

**Registration:** Class/time: \_\_\_\_\_  
 Grade as of September: \_\_\_\_\_

3) Sibling/Additional Class: \_\_\_\_\_ DOB: \_\_\_\_\_

**Registration:** Class/time: \_\_\_\_\_  
 Grade as of September: \_\_\_\_\_

**Emergency Information:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Student Medical History/Allergies:  
 \_\_\_\_\_

**Liability Waiver:**

I \_\_\_\_\_, give my son/daughter \_\_\_\_\_, permission to participate at JAM. I will not hold JAM Dance and Fitness Center liable for any accident or injury that may occur due to negligence on the part of the child during their time of activity.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

Class: \_\_\_\_\_ Year: \_\_\_\_\_

Class: \_\_\_\_\_ Year: \_\_\_\_\_

Class: \_\_\_\_\_ Year: \_\_\_\_\_