



227 Bedford Ave
 Bellmore NY 11710
 516-781-5090

Visit us at www.jamdanceandfitness.com or email us at jambellmore@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: _____