



January-2012 REGISTRATION

Early registration reserves your space in the class(es) of your choice.

We will **NOT** contact you unless there is a problem with your class selection.

*** How did you hear about JUMP Dance Center?

1. Yellow Pages 2. Friend / Relative 3. Drive-By 4. Website 5. Other

RETURNING STUDENTS NOTE:

All returning students must re-register for their classes. Returning students do not need to pay the \$10.00 registration fee. To reserve your space in class, enclose your first month's tuition with this completed form below and mail or return it to the Dance Center.

NEW STUDENTS:

SEE THE 2012 SCHEDULE FOR YOUR CHOICE OF CLASSES.

Fill out this form below, enclose the \$10.00 registration fee – plus the first month's tuition and mail or return it to the Dance Center. We will not contact you unless there is a problem with your class selection.

ALL STUDENTS:

If you are adding, transferring, changing, or dropping classes – you must notify us in writing. Use this form below for any change in your schedule.

The 2012 schedule has undergone some changes. Do not assume all classes have remained the same.

Re-check the schedule! **Transfers or schedule changes after you have registered** will be subject to an **additional \$5.00 schedule change fee.**

PLEASE READ THE REVERSE SIDE AND SIGN!!

TUITION MUST ACCOMPANY THIS FORM IN ORDER TO HOLD YOUR CLASS SELECTION(S)

PLEASE PRINT:

Last Name of Student(s)	First Name of Student(s) 1)	CLASS / DAY / TIME / TEACHER	Transf	Add	Drop
Street Address:	Date of Birth:	1)			
		2)			
		3)			
		4)			
		5)			
City: Zip:	2)	1)			
Home Phone #: ()	Date of Birth:	2)			
		3)			
		4)			
		5)			
Primary Parent – First & Last Name	Date of Birth:	6)			
		7)			
		1)			
Primary Parent's Work Phone #: ()	Date of Birth:	2)			
		3)			
		1)			
PARENTS E-MAIL:					
Secondary Parent – name/work ph #	Date of Registration:	Registration Fee (\$10.00): \$ _____			
Visa/MC #	Check #: (if paying by check)	Monthly Tuition (see tuition schedule): \$ _____			
Expire date V-code		Total Amount Enclosed: \$ _____			

Mail to: De-An's Jump Dance & Performing Arts Center 211 Dupont ST., Ste 109, Corona, CA 92879 (951) 278-9663

Please read the reverse side and sign !!

WWW.JUMPDANCECENTER.COM

AGREEMENT, WAIVER, RELEASE, AND ASSUMPTION OF RISK

In consideration for being permitted to participate in classes, rehearsals, performances, and related activities, I hereby waive, release, and discharge De-An's Jump Dance & Performing Arts Center ("De-An's"), its employees, its agents, Linda Cotner, Juanita Cotner, and the other participants in De-An's (together "Released Parties"), from any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in classes, rehearsals, performances, or related activities.

This Release is intended to discharge in advance the Released Parties from any and all liability arising out of or connected in any way with my participation in classes, rehearsals, performances, or related activities of De-An's, even though liability may arise out of negligence or carelessness on the part of the Released Parties.

I understand participating in classes, rehearsals, performances, or related activities involve an element of risk and danger of accidents, and I hereby assume those risks. I agree this Agreement, Waiver, Release, and Assumption of Risk is binding of my heirs and assigns.

I understand that De-An's teachers will be spotting me and correcting my body alignment, which involve teachers physically touching me from time to time.

I agree to indemnify and hold the Released Parties free and harmless from any claim, loss, liability, damage, cost, attorney's fees, or expense that Release Parties may incur resulting from my involvement with De-An's and from my death or any injury or property damage I may sustain while participating in classes, rehearsals, performances, or related activities.

I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE MY FAILURE TO BEHAVE IN AN APPROPRIATE MANNER WILL BE CAUSE FOR DISMISSAL FROM ANY CLASS, REHEARSAL, PERFORMANCE, OR RELATED ACTIVITY. I AM AWARE THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND DE-AN'S AND I SIGN IT OF MY FREE WILL.

DATE _____

Print Name

Witness

Signature

If participant is under 18 years:
I am the parent or legal guardian of _____, and agree to the foregoing terms contained in this Agreement, Waiver, Release, and Assumption of Risk.

Witness

Parent / Legal Guardian Signature