



JAZZANTIQUA DANCE & MUSIC ENSEMBLE

PO BOX 352321 Los Angeles, CA 90035 310-943-9229 info@jazzantiqua.org

LEGACY TEEN DANCE PROGRAMS

PLEASE PRINT

DATE _____

PARTICIPANT INFORMATION

First/Last Name _____

School _____

Date of Birth _____ Age: _____

Telephone _____

Email _____

PARENT/GUARDIAN INFORMATION

First/Last Name _____

Street _____

City/State/Zip _____

Telephone _____

Email _____

EMERGENCY CONTACT

Name _____

Cell Phone _____

Relationship _____

MEDICAL INFORMATION

List allergies, medical and physical conditions, past injuries and operations that may affect the student's participation in the program.

MEDICAL INSURANCE INFORMATION (Suggested, Not Required)

Company _____ Tel. _____

Policy Number _____

Physician Name _____

GENERAL POLICIES * PLEASE READ AND INITIAL

Participant are expected to attend all sessions of the programs they have enrolled in, prepared, and with appropriate dance attire (guidelines to be provided); and to notify staff of any absences in advance.

Participant agrees to abide by the rules and conditions of the program and the studio. Participant agrees to conduct themselves at the highest social standards and decorum.

Participant agrees to appear in photos and videos that will be used for social media, advertising, grant applications and other informational purposes.

Participant Initials

Parent Initials

READ AND SIGNATURE REQUIRED

Check only one box

I hereby represent that I am the participant's legal parent or guardian and that all statements on this form and supporting materials are true and correct. I, and the participant, have read, understand and agree to the terms and conditions of participation in JazzAntiqua's Teen Dance Programs.

I hereby represent that I am 18 years of age or older and that all statements on this form and supporting materials are true and correct. I have read, understand and agree to the terms and conditions of JazzAntiqua's Teen Dance Programs.

Signature

Full Printed Name

Date