

## Registration Information

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

Referred by \_\_\_\_\_

Years at JOB \_\_\_\_\_

### Additional Classes continued from front:

Name _____	Level _____	Room _____	Day _____	Time _____
Name _____	Level _____	Room _____	Day _____	Time _____
Name _____	Level _____	Room _____	Day _____	Time _____
Name _____	Level _____	Room _____	Day _____	Time _____
Name _____	Level _____	Room _____	Day _____	Time _____
Name _____	Level _____	Room _____	Day _____	Time _____

**Indicate any additional medical conditions, chronic ailments, allergies, or personal issues we should be made aware of:**

\_\_\_\_\_

### WAIVER OF LIABILITY

*Any activity involving height or motion incurs the possibility of accidental injury. While it is our intention to provide your child with safety and protection, it is not the responsibility of DMSD's Just Off Broadway Inc. or its staff to be held liable for any injury occurring while under JOB's instruction or supervision. As parent or guardian of above named student, I hereby agree to hold harmless DMSD's Just Off Broadway, and assume full financial responsibilities for any and all treatment required due to injury while training at JOB.*

PARENT'S SIGNATURE \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

*In the event we are unable to contact the authorized person(s) listed on the front of this form, I the parent or legal guardian of the above named student, hereby give my consent for emergency medical care as prescribed by a duly licensed doctor of medicine or dentistry. Transportation to the hospital will be at the discretion of the Emergency Technicians on site.*

PARENT'S SIGNATURE \_\_\_\_\_

**I understand I am responsible for timely payment of my child's classes and realize he/she will lose their reserved place in class if our account does not remain current.**

**I understand that Just Off Broadway supports a website and may post student's pictures.**

**I have read and understand the Just Off Broadway brochure and studio policies and will follow them as a member of the studio.**

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY

Registration Fee \_\_\_\_\_ Date \_\_\_\_\_ Check# \_\_\_\_\_ Receipt \_\_\_\_\_

Method of Payment: \_\_\_\_\_ 5 payments \_\_\_\_\_ 2 payment \_\_\_\_\_ Paid in full (discount)