

Jackie's Dance & Gymnastics

Student Enrollment Form

Mother	Home Phone	Work Phone	Cell Phone
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Father	Home Phone	Work Phone	Cell Phone
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Street Address	City	Zip Code
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Emergency Contact	Home Phone	Work Phone	Cell Phone
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Emergency Contact	Home Phone	Work Phone	Cell Phone
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1 st Student			
Child	Sex	Birthday	Age
1 st Class	Day	Time	Start Date
2 nd Class	Day	Time	Start Date

2 nd Student			
Child	Sex	Birthday	Age
1 st Class	Day	Time	Start Date
2 nd Class	Day	Time	Start Date

All precautions will be taken to prevent injuries. Simple first aid will be administered to all minor injuries and parent or doctor will be called when necessary. In the event that I cannot be contacted, I authorize the staff of Jackie's to arrange emergency medical attention and/or to take my child to the nearest hospital/medical center. I understand that Jackie's and its staff members cannot be held liable for injuries while on the centers premises. Knowing that Jackie's will do its best for the safety of its clients, I assume all responsibility and waive any claim for compensation for accidental injury while at the center and agree to indemnify to hold harmless Jackie's, its agents, or employees against any claims

Parent/Guardian Signature

Date