

Joan Lynn Dance Center
109 Sanford Street, Unit D-2
Hamden, CT 06514
203.287.0022



Joan Lynn Dance Company
Registration Form
2020/2021 Season

Student Name: _____	Full Address: _____
Birth Date: _____	Street _____
Student's Phone/Cell: _____	Town _____ State _____ Zip _____
Home Phone #: _____	Student's Email: _____

Parent Name _____	Parent Name _____
Parent Cell _____	Parent Cell _____
Parent Work # _____	Parent Work # _____
Parent Email _____	Parent Email _____
If Parent Address is Different <i>Please include street, town, state, & Zip code</i>	If Parent Address is Different <i>Please include street, town, state, & Zip code</i>
Emergency Contact (not listed above) to contact if we cannot reach you: Name, home phone, Cell phone, & relationship _____	

Dance Experience:
Years with Joan Lynn Dance Center _____ other Dance Experience _____
I give permission for class or performance photos of my child to be used by Joan Lynn Dance Center in press releases, JLDC website and/or any other JLDC production or advertising materials.

Please initial one: **I Agree** _____ **I Do Not Agree** _____

For Office use Only:	
Registration Fee: _____	Check #: _____
1st Month Tuition: _____	Cash: _____

PLEASE FILL OUT THE MEDICAL FORM
ON THE REVERSE SIDE

Medical Information

1. My Child has the following medical conditions which warrant a doctors care:

2. You should also be aware of these special medical conditions of my child:

3. My Child has the following physical limitations:

4. My Child has allergic reactions to the following:

I agree to pay the entire tuition of the class(es) for which I have registered. I understand that registration is for the full year and that tuition payments must remain current for the student to participate in class, performances and competitions, whether it is in the studio or on Zoom, due to COVID-19. I understand that refunds may be made only for severe injury, verified by physicians certification. I agree not to hold Joan Lynn Dance Center and/or Company and its owner, faculty, and employees for any injuries I may sustain, as a result of my participation in the Joan Lynn Dance Center and/or Company rehearsals, performances, competitions or activities.

Signature (parent/guardian if student is under 18)

Printed Name (parent/guardian if student is under 18)
