



Just the Place, Inc.

Cultural & Creative Arts

Jus' Dance Academy

Registration Packet

www.justtheplaceinc.com



Class & Performance Information

Friday & Saturday Class Schedule

(effective as of October 1st, _____)

Friday:	6:30 PM - 7:30 PM	Adult Dance	
Saturday:		Studio A	Studio B
	9:30 AM - 10:30 AM	Creative Movement	Jr. Repertory
	10:30 AM - 11:30 AM	Ballet/Tap Combo	Ballet
	11:30 AM - 12:30 PM	Dance Tech 1	Sr. Hip Hop
	12:30 PM - 1:00 PM	Lunch	Lunch
	1:00 PM - 2:00 PM	Jr. Hip Hop	Tap
	2:00 PM - 3:00 PM	Musical Theatre	
	3:00 PM - 4:30 PM	Dance Tech 2	Sr. Repertory

Class Fees

Registration fee - \$35

Monthly Plan

\$45 per class/per month (payments due 1st Sat. of the month starting Oct. 1st*).....= **\$405 Annual**

Bi-Annual Plan

\$40 per class/per month (payments due 1st Sat. in Oct. & 1st Sat. in Feb.*).....= **\$360 Annual**

Annual Plan

\$35 per class/per month (one payment due 1st Sat. in Oct.*).....= **\$315 Annual**

* Any late payments will incur a \$5.00 late charge

Performance Information

- There will be one performance for the _____ Dance Season.
- The Performance Gala will take place in June _____, time and location are TBA.
- Costumes will be required for each dance class and will cost approximately \$50 - \$70 per class

Parent/Guardians initial here that you have read and understand the rules and regulations _____



Registration Form

Student's First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Home No.: _____ Cell No.: _____ E-Mail: _____

Grade: _____ School: _____

DOB: ____/____/____ Age: _____ Nationality (optional): _____

Have you ever taken dance classes? _____ If yes, where? _____ How many years? _____

What areas of dance did you study? (i.e. Ballet, Modern, Jazz, Tap, African, etc.) _____

Parent/Guardian's First Name _____ Last Name _____

Any medical history/allergies or special needs? NO YES *If YES please provide details below.

Emergency Contact First Name: _____ Last Name: _____

I give permission for my child _____ to participate in the Jus' Dance Academy at Just the Place, Inc. from October _____ to June _____ and perform in the annual June Gala, date and location to be determined.

I understand that the information given above will only be used by Just the Place, Inc. and will be kept on a computer database.

Signature of parent/guardian

Sign Here

Date

Print Name Here

FOR OFFICE USE ONLY

Registration For: Adult Dance Dance Tech. 1 & 2 Creative Movement Ballet
 Hip-Hop Jr./Sr. Jr./Sr. Repertory Ballet/Tap Combo Musical Theatre Tap

Paid Registration Fee: \$35 Cash Check # _____ Date: _____

Registration For: Jus'Dance Academy Scholarship Arts 10566

Notes: _____



Liability Waiver Form

Participant's Name: _____

I/we realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Just the Place, Inc.

I/we agree to release and hold harmless Just the Place, Inc. including its teachers, dancers, staff members, and facilities from any cause of action, claims, or demands now and in the future. I/we will not hold Just the Place, Inc. liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Just the Place, Inc.

I understand that Just the Place, Inc. are licensed, accredited and insured organizations. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the Artistic Director, instructor or staff member as soon as possible.

Participant Signature _____ **Date** _____

If participant is unable to sign. parent/guardian sign only below.

Parent/Guardian's Name (Printed) _____

Parent/Guardian Signature _____ **Date** _____



Photo/Video Release Form

Participant's Name: _____

I grant Just the Place, Inc. (JTP, Inc.) and it's representatives the right to take photography/video of the aforementioned participant and authorize Just the Place, Inc. (JTP, Inc.) and it's representatives the right to copyright, use and publish the same in print and/or electronically.

I agree that Just the Place, Inc. (JTP, Inc.) may use such for the photographs/videos of me with or without my name and for any lawful purpose, including, but not limited to, for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above stated guidelines.

I have read and understand the above stated guidelines and I request that NO video or photo representations be taken of participant.

Participant Signature _____ **Date** _____

If participant is under age, the parent/guardian should sign below.

Parent/Guardian's Name _____

Parent/Guardian Signature _____ **Date** _____



Class Rules & Regulations

WELCOME TO OUR JUST THE PLACE FAMILY

- 1. All students must arrive on time for each of their classes (please allow yourself time to change). You will not be allowed to participate in class if you are more than 15 minutes late. You may observe only.**
- 2. Class attire must be worn to each class.**
- 3. No gum chewing, eating or drinking of any kind in the dance area except water.**
- 4. Eating and drinking is allowed in the lounge only.**
- 5. Please bring your water and towel to each class.**
- 6. Please use appropriate language at all times. Manners, friendliness, and courtesy are contagious - please spread it!!!**
- 7. Always clean up after yourself.**
- 8. Non-participants are not allowed to wait in the dance area; they are allowed to wait outside the dance studio only.**

Parent/Guardians initial here that you have read and understand the rules and regulations _____