

# - REGISTRATION FORM - AFRO-LATIN JAZZ and JAZZAMATAZZ FOR KIDS

PARTICIPANT'S NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_ GRADE \_\_\_\_ SCHOOL \_\_\_\_\_

PARTICIPANT'S PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

CONTACT PARENT or LEGAL GUARDIAN: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN PARTICIPANT'S HOME ADDRESS) \_\_\_\_\_

SECOND PARENT or LEGAL GUARDIAN \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY CONTACT: to be contacted in an emergency, if listed parents or guardians are not available

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

SPECIAL MEDICAL INSTRUCTIONS \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S PHONE \_\_\_\_\_

<u>ACTIVITY NAME &amp; LEVEL</u>	<u>SESSION #</u>	<u>DAYS OF WEEK</u>	<u>TIME</u>	<u>FEE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The undersigned, in consideration of participation in this program, agrees to indemnify, hold harmless and release the City of Pacific Grove, its agents and employees, the DiFranco DanceProject, Afro-Latin Jazz Dance, Jazzamatazz For Kids, Dianne Lyle and her agents and employees, from any, and all liability, for any injury which may be suffered by the above-named individual registered in this program arising out of, or in any way connected with participation in this program. I, the undersigned, assume all risk for any, and all injuries or loss that may arise from participation in this program.

SIGNATURE \_\_\_\_\_ Parent \_\_\_ Guardian \_\_\_ Date \_\_\_\_\_

*(Parent or Legal Guardian Signature and Date Required to Complete Registration)*

**MAIL TO:** DIANNE LYLE P.O. BOX 51550 Pacific Grove CA 93950

- Make checks payable to: DIANNE LYLE. You may pay for the entire season at once, or for single/multiple sessions.
- Be certain that your check has the correct payee, date, written and numeral amount. Include your dancer's name, class level and session number on the check to avoid registration delays. A \$25 service fee will be assessed for all returned or reprocessed checks.
- **OR**, return registration form and fee payment to: Chautauqua Hall, at start of the FIRST class of each new session.

**REFUND POLICY:**

1. No refunds or rebates are given after session begins.
2. Refunds or rebates are not given to compensate for any student absences, once a session has begun.
3. Entire Session/Season prep-paid tuition will be re-funded, for student non-attendance, only if the listed instructor is notified three business days before the class session begins, minus a 25% processing service charge.
4. Full session refunds will be given, only if an entire class session is canceled by the instructor or the P.G. Recreation Department.