	(Jan will fill in)	Check # o	r Cash Date Paid
50			
CANS	Fall Registration Form	nCompetition Lines	s2016-2017
SCHOOL of DANCE.	Student One	<u>Studen</u>	<u>t Two</u>
Name:		Name:	
Birth date:	Age: Grade:	Birth date:	_ Age: Grade:
Medical Problems:		Medical Problems:	
Circle routines for which you are registering:		Circle routines for which you are registering:	
Jazz	Нір Нор	Jazz	Hip Hop
Lyrical	Contemporary	Lyrical	Contemporary
Clog	Omni	Clog	Omni
Novelty	Copper Clog	Novelty	Copper Clog
, Super Clog		Super Clog	
• •	cialty Classes on the back)		y Classes on the back)
the responsibilities for s	ersigned or their representatives. I also de such. Authorized signature of subject (must	t be of legal age, 18, or older) or signat	ure of parent or guardian for
the responsibilities for s Signature of Parent	such. Authorized signature of subject (must	t be of legal age, 18, or older) or signat	ure of parent or guardian for
the responsibilities for s Signature of Parent Parents' Name:	such. Authorized signature of subject (must	t be of legal age, 18, or older) or signat	ure of parent or guardian for
the responsibilities for s Signature of Parent_ Parents' Name: Primary Address,	such. Authorized signature of subject (must	t be of legal age, 18, or older) or signat	ure of parent or guardian for
the responsibilities for s Signature of Parent_ Parents' Name: Primary Address, Secondary Addre	such. Authorized signature of subject (must	t be of legal age, 18, or older) or signat	ure of parent or guardian for if contact info has cho
the responsibilities for s Signature of Parent_ Parents' Name: Primary Address, Secondary Addres Mom Phone #: Ho	such. Authorized signature of subject (must City, State, Zip ss, City, State, Zip	t be of legal age, 18, or older) or signat	if contact info has cho rk: ()
the responsibilities for s Signature of Parent_ Parents' Name: Primary Address, Secondary Addres Mom Phone #: Ho Dad Phone #: Ho	City, State, Zip ss, City, State, Zip ss, City, State, Zip ome: () Cell:	t be of legal age, 18, or older) or signat *Check * ()* Wo ()Wo	if contact info has cho rk: ()
the responsibilities for s Signature of Parent_ Parents' Name: Primary Address, Secondary Addres Mom Phone #: Ho Dad Phone #: Ho Parents E-Mail Ac	City, State, Zip ss, City, State, Zip ome: () Cell: me: ()Cell:	t be of legal age, 18, or older) or signat 	ure of parent or guardian for if contact info has cho rk: () ork: ()
the responsibilities for s Signature of Parent_ Parents' Name: Primary Address, Secondary Addres Mom Phone #: Ho Dad Phone #: Ho Parents E-Mail Ac Would parent(s) be	City, State, Zip ss, City, State, Zip ss, City, State, Zip ome: () Cell: me: () Cell: Idress	t be of legal age, 18, or older) or signat 	ure of parent or guardian for if contact info has cho rk: () ork: () () 
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the responsibilities for s Signature of Parent_ Parents' Name: Primary Address, Secondary Addres Mom Phone #: Ho Dad Phone #: Ho Parents E-Mail Ac Parents E-Mail Ac Would parent(s) be Are you new to com	such. Authorized signature of subject (must City, State, Zip ss, City, State, Zip ome: () Cell: me: () Cell: Idress Idress interested in sewing (and/or) alter petition at Jan's School of Dance?	t be of legal age, 18, or older) or signat 	ure of parent or guardian for if contact info has cho rk: () () () No No MN 55033

## FALL REGISTRATION FORM - COMPETITION LINES - 2016-2017

Monthly Tuition/per Child		
One Routine\$45	Student 1	Student 2 Line Name
Two Routines\$60		
Three Routines\$75		
Four Routines\$90		
Five Routines\$105		
Family Max\$120		
Technique Class: Required by ALL COMPETITION DANCERS: \$65 fee paid 2x per year. (NOT included in Fam. MAX) Specialty Class Add-ons: (NOT included in Fam. MAX)	# of Lines Tuition Technique Fee \$65 + <u>Specialty Add-ons:</u> +	# of Lines Tuition (Paid 2 times per year) + Specialty Add-ons: +
Ballet Class\$25Pointe Class\$15Acro for Dancers\$25		
***Ballet required for ALL solo,	(Ballet required for ALL solo, duet, trios, E	merald, Purple, Omni, Ruby Jazz & Lyrical)
duet, trios, Emerald, Purple, Omni, Ruby Jazz & Lyrical***	Student 1 Total =	Student 2 Total =
	Student 1 Tuition Total	\$
NOTE: Students interested in solos, duets and trios should pick up an	Student 2 Tuition Total	+ \$
information sheet at the studio. Fees for solos, duets and trios are	Registration Fee (Annual) \$15 (Family Ma	× \$25) + \$
separate from all other fees. These fees must be paid <u>BEFORE</u> the first class.	Total Payment Enclosed	= \$

## Make Checks Payable to: Jan's School of Dance, Inc. or Jan Tripp

We, as dancers and parents, realize that regular and prompt attendance at all practices, rehearsals, competitions and other scheduled events is very important for improvement and success of the dancer AND THE LINE. Irregular attendance (technique classes included) for whatever reason, cannot be tolerated since it is not fair to other dancers.

Accordingly, we, the student and parent, agree to be regular in our attendance throughout the year. We also agree that Jan Tripp, Studio Director reserves the right to disqualify a student from a group/line for irregular attendance, poor behavior, or conduct unbecoming the studio. In authorizing this policy, Jan will do the following:

- 1. Upon first violation of rules by the student, the student will be verbally warned by Jan.
- 2. Upon second violation of rule by the student, the student will be put on probation.
- 3. Upon the third violation of the above rules by the student, the student will be dropped from the line.

Signature of the student(s)	Signature of the parent
Signature of the student(s)	Signature of the parent