

Student Registration Form -- Jun Lu Performing Arts Academy

PART I Personal Information

Name _____ Date of Birth ____/____/____

Parent/Guardian Name _____

Address _____

Phone _____ Email _____

Does the student have previous dance/performing experience? If YES. Complete below
Which field? (Chinese, Ballet, Jazz, Piano, etc) _____ How long? _____

PART II Emergency Medical Authorization

- Should it be necessary for me or my child _____ to have emergency medical treatment while participating activity affiliated with New Arts (Jun Lu Performing Arts Academy), I hereby authorize Jun Lu Performing Arts Academy to use their judgment to obtain medical services. I further authorize any individual selected by Jun Lu Performing Arts Academy to render such medical treatment as he/she may deem necessary and appropriate.
- I understand that Jun Lu Performing Arts Academy does not collect any insurance charges from its students to pay for medical or hospital costs. Consequently, I understand that any and all cost shall be my sole responsibility.

Have you or your child had any injuries in the past that may pose a problem with any physical activity now? If YES, please explain: _____

Emergency Contact Name _____ Phone _____

Relation to student _____

PART III Program Preference

- Regional and national competitions are good opportunities for students to learn more about themselves and from others. We have competition teams that go to regional and national competitions every year. Is the student interested in joining our competition teams? _____
- On-stage dance performance is an important part of performing art education and cultivates stage confidence and team spirit and the desire to excel. Is the dancer interested in studio organized performances? _____

PART IV Liability Release Form

By signing this registration form, I acknowledge that

- I have received, read and understand the rules and regulations outlined by the Jun Lu Performing Arts Academy’s published policy and procedure and that me or my child will be expected to abide by. As a parent/guardian, I will assist my child in upholding the highly professional standards Jun Lu Performing Arts has established.
- I hereby give my consent for me and/or my child to participate in any event affiliated with Jun Lu Performing Arts. I will remind my child of the importance of listening and cooperating with Jun Lu Performing Arts staff and any supervision individual selected by the Jun Lu Performing Arts personnel.
- I permit Jun Lu Performing Arts to use photos and videos of my child, and/or myself for its performance program and/or promotional materials. Jun Lu Performing Arts will take every precaution to ensure the safety and welfare of the student while participating in these events or activities.
- I agree to hold Jun Lu Performing Arts, its officers, employees, and agents harmless, and release them for any and all liability and/or property damage and loss which may be suffered by me or my child arising out of or in any way connected with attending classes/activities offered by Jun Lu Performing Arts Academy.

Student or parent/guardian signature: _____ date _____

Do not write in this block (Officer Use Only)

Student ID		Family ID	
Staff Name		Date	
Memo:			