



Ballet Reboot

Fridays 10:15-11:30am

March 1, 8, 15, 29, April 5, 12

JEA Member: \$30 Guests: \$50



Name _____ Age _____ Gender M F

Email _____

Contact Number _____ Alternate Number _____

Address _____ City, State _____ Zip _____

Health Issues or Allergies: _____

Emergency Contact _____ Relationship _____

Phone Number _____ Alternate Number _____

AGREEMENT

1. In consideration of the acceptance of this entry, I waive any and all claims for myself or my heirs against officials of the JEA for illness or injury which may result directly from my participation. I hereby certify that I am in good health and capable of safe participation in this JEA program. I assume all risks and hazards incidental to this program;
2. I hereby authorize the JEA to obtain medical treatment for me in the event that the emergency contact listed above cannot be reached;
3. No refunds or pro-rated refunds will be issued except at the sole discretion of the JEA. Refunds will only be issued for programs that are cancelled due to an insufficient number of participants;
4. During the course of JEA programs, photographs are occasionally taken. Through this release, I authorize the JEA to print, publish and display pictures of me to promote JEA programs through JEA publications and the JEA website, SavannahJEA.org;
5. I promise to conduct myself at all times in accordance with caring, honesty, respect and responsibility. I will strive to exhibit the importance of teamwork, cooperation and sportsmanship;
6. In accordance with the JEA code of conduct, I understand that no foul language is permitted; no fighting or threat of assault is permitted; and if there shall be non-accordance with this code of conduct or act in any other manner the JEA deems detrimental to the success or welfare of the program, I shall be subject to immediate suspensions, expulsion and/or other sanction as deemed appropriate by the JEA in its sole discretion.

Participant Signature _____

Date _____

OFFICE USE ONLY

Received date _____

Member # _____

Guest

Initials _____

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