

STUDENT INFORMATION		DATE REGISTERED _____
NAME (S)		
STREET ADDRESS		
CITY, STATE , ZIP		
HOME/CELL PHONE	Alt Phone	
E-MAIL ADDRESS		
HOW DID YOU HEAR ABOUT TH STUDIO?		

Schedule & Pricing – 4 weeks sessions \*Please remember to sign the liability release from on the back on of this sheet

- Bellydance** (with Babs) \$45 Month \$15 Drop in  
 Monday 8 – 9 pm
- Pole Fitness** (with Victoria) \$60 Month \$20 Drop in  
 Wednesday 8 -9 pm  
 Must pre-register due to limited spaces
- Club Dance** (Free style, street jazz & hip-hop) \$45 Month \$15 Drop in  
 Thursday 8-9 pm
- CAPOEIRA** \$35 Month \$10 Drop in  
 Tuesday 6 - 7 pm

Payment - TOTAL - \$ \_\_\_\_\_

- CASH  CHECK # \_\_\_\_\_  GIFT CERTIFICATE – VALUE \$ \_\_\_\_\_
- CREDIT CARD \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXPIRATION DATE - \_\_\_\_/\_\_\_\_

OFFICE USE ONLY		
DATE	AMOUNT	PAYMENT METHOD

Babs McDance Social Dance Studio  
Liability Release Form

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Babs McDance Social Dance Studio, its officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Babs McDance Social Dance Studio.")

I hereby agree to release Babs McDance Social Dance Studio and hold Babs McDance Social Dance Studio harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant.

I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

If I am a minor, my parent and/or legal guardian has also signed this document releasing Babs McDance Social Dance Studio from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity.

I warrant the below information is complete and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The participant has my permission to participate in Babs McDance Social Dance Studio events. I further release Babs McDance Social Dance Studio of all liabilities associated with my child's attendance at Babs McDance Social Dance Studio.

\_\_\_\_\_  
Parent/Guardian Signature (if under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone

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Medical Contact