



STUDENT INFORMATION DATE REGISTERED _____

NAME (S)	
STREET ADDRESS	
CITY, STATE, ZIP	
HOME/CELL PHONE	Alt Phone
E-MAIL ADDRESS	
HOW DID YOU HEAR ABOUT THE STUDIO?	

Schedule & Pricing *Please remember to sign the liability release sheet

- Line Dance** \$18 Month \$5 Drop in
 Monday 6 -7 pm
- Hip Hop** \$35 Month \$10 Drop in
 Wednesday 7-8 pm
- Bellydance** \$125 Full 8 Week Session
\$60 for Studio Members
 Tuesday 7-8:30 pm Jan. 3rd-Feb. 21st

*Free Hafla February 28th for Bellydance class
- Rising Stars Kids** \$45 Month \$15 Drop in
 Saturday 2-3:30 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

Medical Contact _____
Phone

