



## Group Lessons January 2012

### STUDENT INFORMATION

DATE REGISTERED \_\_\_\_\_

NAME	_____
PARTNER'S NAME	_____
STREET ADDRESS	_____
CITY, STATE, ZIP	_____
HOME PHONE	_____ Alt. Phone _____
E-MAIL ADDRESS	_____
HOW DID YOU HEARD ABOUT US?	_____

**4 WEEK SESSION MONDAY-THURSDAY \* PLEASE REMEMBER TO SIGN THE LIABILITY RELEASE FORM ON THE BACK OF SHEET**

**\* 4 Week Session \$45 per person / \$85 per couple \$15 Drop in per person / \$25 drop in per couple**  
**\*\*Advancing Classes - \$60 per person / \$115 per couple ; \$20 drop in per person / \$35 drop in per couple**  
**Committed Couples - Request further information**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>*WALTZ</b><br>MONDAYS 7-8PM                            | <input type="checkbox"/> <b>*I JUST WANNA DANCE</b><br>WEDNESDAYS 6-7PM | <input type="checkbox"/> <b>*SHAG</b><br>THURSDAYS 7PM-8PM           |
| <input type="checkbox"/> <b>*SALSA I</b><br>TUESDAYS 7-8PM                         | <input type="checkbox"/> <b>*EAST COAST SWING</b><br>WEDNESDAYS 7-8PM   | <input type="checkbox"/> <b>*CHA CHA</b><br>THURSDAYS 8PM-9PM        |
| <input type="checkbox"/> <b>**SALSA II</b><br>TUESDAYS 8-9PM<br>(INCLUDES SALSA 1) | <input type="checkbox"/> <b>*WEST COAST SWING</b><br>WEDNESDAYS 8-9PM   | <input type="checkbox"/> <b>*ARGENTINE TANGO</b><br>SATURDAYS 12-1PM |
| <input type="checkbox"/> <b>COMMITTED COUPLES</b><br>MONDAYS 7-8PM                 |   |  |

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CASH                                      | <input type="checkbox"/> CHECK # _____ | <input type="checkbox"/> GIFT CERTIFICATE - VALUE \$ _____ |
| <input type="checkbox"/> CREDIT CARD _____ - _____ - _____ - _____ | EXPIRATION DATE - ____/____/____       |  |
| CARDHOLDER'S NAME _____  | SIGNATURE _____                        |  |

#### OFFICE USE ONLY

DATE	AMOUNT	PAYMENT METHOD



**Group Lessons  
January 2012**

**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.

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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.

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

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

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Medical Contact \_\_\_\_\_ Phone \_\_\_\_\_