

REGISTRATION FORM - ZUMBA CLASSES

NAME: _____
Address: _____
City: _____ Zip: _____
Home Phone: (____) _____
Cell: (____) _____ * Email: _____

Preferred Days (circle): Tuesday Thursday Saturday

Liability Release:

I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any facility exercise program, sport or physical activity. I hereby waive all claims against Two Left Feet Dance, llc, its instructors, or partners of said program, individually or otherwise, for any and all claims for injuries or damages that I might sustain.

I understand that there is risk of injury associated with participating in any facility exercise, program or activity and I certify that I am in good physical condition and have no known disabilities that might otherwise be detrimental to my health or well-being. I certify that all of the information provided on this application is correct and true.

Signature: _____ DATE: _____

If applicant is UNDER 18.
Parent/ Guardian Signature: _____ DATE: _____

How did you hear about us? _____

Number of Group Classes: ____ Fee: \$ ____
Initial Purchase Date: ____/____/____
Received By Teacher: _____

OFFICE USE ONLY:

Email in contacts: Yahoo gmail
Thank You: ____/____/____
Holiday Card: 2010 2011
Listed in Attendance: ____
List in QB: _____
