

SG Danceworkz and Fitness Studio LLC

Adult Dance & Fitness Registration Form

Student's Name: _____

Date of Birth: _____

How did you hear about us (List dancer's name if referred from current dancer)?:

Contact Information:

Mailing Address: _____

Street

City

State Zip

Primary Phone: () _____ (home work cell)

Email Address: _____

Emergency Information:

Emergency Contact: Name: _____ Phone: () _____

Known Allergies: _____

Known Medical Conditions/Medications: _____

Preferred Hospital/Medical Center: _____

Participant Release:

Please read carefully and sign below.

Student will not be able to participate in class without signature.

- I have read and agree to abide by SG Danceworkz and Fitness Studio's LLC policies regarding, but not limited to: tuition, withdrawal notice, attendance, dance attire, late fees, costumes, etc.
- I understand that SG Danceworkz and Fitness Studio LLC is not responsible for any lost items, stolen items, or unclaimed merchandise.
- SG Danceworkz and Fitness Studio LLC reserves the right to use photos & video taken during class, performances, or other studio events.
- I understand that participation in a dance or fitness program involves risk and possible injury. I understand that SG Danceworkz and Fitness Studio LLC, its staff, and independent instructors will not be held responsible for injuries sustained in class, while performing or traveling to and from its facilities or events. I authorize SG Danceworkz and Fitness Studio LLC to secure any medical treatment that I might need. Preferred medical facility is listed on Registration Form, but I authorize SG Danceworkz and Fitness Studio LLC to send my me to the nearest facility as needed.
- I have listed all medication conditions, medications, allergies, and emergency contact information that SG Danceworkz and Fitness Studio LLC, its staff, and independent instructors should be made aware of on the front.

Participant Printed Name: _____

Participant Signature: _____

Date: _____