



DANCE CENTER ZUMBA REGISTRATION FORM 2011-2012

Please fill out, sign and mail form with session fee (Drop-ins pay at time of class) to Tammy Weadock, 8657 Dalton Ct, Onsted, MI 49265 (517-605-7336)

NAME _____ Adult Child (Circle one)

ADDRESS _____ CITY _____

ZIP _____ HOME PHONE _____ CELL PHONE: _____

PARENT'S NAME (if child is minor) _____ WORK OR CELL PHONE _____

E-MAIL ADDRESS _____ Do you want to be on our email list? YES/NO

EMERGENCY CONTACT PERSON _____ EMERGENCY PH# _____

As with all exercise programs, check with your doctor before you begin this program.

WAIVER RELEASE FOR THE DANCE CENTER

In consideration for being allowed to enroll as a participant in the Dance Center, I hereby, for myself, my heirs, executors and administrators waive and release and discharge its proprietors, teaching staff, agents and assigns from any and all liability, cause of actions, costs, charges, claims, expenses, and demands on account of or in any way growing out of any and all personal injuries and property damages incurred by me as a result of or in the course of my participation in any activity (including, but not limited to, trips, competitions, shows, workshops and demonstrations) while a participant in the program.

I understand that photographs, recordings, taping, or filming of participants by any Dance Center teachers, independent contractors or members of the press become the property of Dance Center and may be used for future publicity. By signing each of the undersigned participants and/or participant's parents involved with Dance Center Dance Studio expressly adopts and agrees to be bound by this waiver and release agreement.

By signing below, I hereby expressly, assume any and all risks which are incumbent with the realization that these activities might subject participant to personal bodily injury or property damage risks.

Additionally, for the stated consideration, I further agree forever to refrain from suit or proceeding at law or in equity or otherwise against the above named parties, either severally or jointly with any person, in account of, or in any way growing out of any personal injuries and property damage as stated.

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES OF DANCE CENTER DANCE STUDIO.

_____ Date: _____
Zumba Class Adult Signature

_____ (Tear Here)
Parent/Guardian Signature for Zumba Kids

Keep this section for your record.

CURRENT SUMMER ZUMBA SCHEDULE IS

- Mondays Onsted Dance Center 7:00 to 8:00 p.m. (Cara/Tammy)
- Thursdays at Jan's Dance Connection, Brooklyn, MI 7:30 to 8:30 p.m. (Anya/Tammy)
- Wednesdays at Adrian Dance Center, 6:00 to 7:00 p.m. (Cara) 117 W. Maumee Street, 2nd Floor above the Billiard Hall
- May add this class in October when Candace returns from Maternity Leave. Saturdays at Adrian Dance Center, 8:00 to 9:00 a.m. 117 W. Maumee Street, 2nd Floor above the Billiard Hall.