



MY WORLD DANCE AND FITNESS
849 Hiawatha Place South, Seattle, WA 98144 / Phone (206) 861-2500
REGISTRATION AND WAIVER FORM

PLEASE PRINT CLEARLY

First Name	Last Name	M.I.
Street Address	City	Zip Code
Home Phone (include area code)	Work Phone (include area code)	
Cell Phone (include area code)	E-mail (PRINT CLEARLY)	

Emergency Contact:

Name _____ phone _____ relationship _____

Name _____ phone _____ relationship _____

What are your dance / fitness goals? Learn to dance Build flexibility, get fit, lose weight, reduce stress have fun
 Experience a variety of dance or fitness techniques Other (please explain): _____

What dance and fitness styles would you like to see offered at our studio?

How did you hear about My World Dance and Fitness? Word of Mouth Flyer / Brochure Yellow Pages Coupon
 Dance Workshop Internet Walk by Newspaper Brochure Other: _____

REGISTRATION INFORMATION:

What class(es) are you taking today? Pilates Zumba Funk Aerobics Samba Yoga HipHop Salsa

CHECK WHICH STUDIO CLASS PROGRAM YOU'D LIKE TO PURCHASE:

ITEM	FEE	QTY	TOTAL AMOUNT
<input type="checkbox"/> Single Studio Class / Drop-in	\$12.00 / class		\$
<input type="checkbox"/> 5 Studio Class Card (a \$60.00 value)	\$55.00 / card		\$
<input type="checkbox"/> 10 Studio Class Card (includes 1 free Studio Class, \$132 value)	\$120.00 / card		\$

Payment: Cash: _____ Check #: _____ Credit Card: _____

LIABILITY WAIVER: By signing this release you acknowledge that you are taking classes at your own risk and agree to hold My World Dance and Fitness, LLC its instructors, and/or assignees harmless in the event of any physical injury. You are responsible for payment of class and/or membership fees.

By signing this form, I also understand that STUDIO CLASS CARDS ARE TRANSFERABLE, AND THAT THERE ARE NO REFUNDS OR CREDITS.

Print Full Name: _____

Signature _____ Date _____

If participant is under 18 years of age, a signature of a parent or legal guardian is required.

Print Full Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date _____