

**ARIEL DANCE STUDIO 2385 Winchester Blvd. Campbell, CA 95008
REGISTRATION AND WAIVER FORM (2008)**

PLEASE PRINT CLEARLY

First Name (If filling out for a child, please list child's name)	Last Name	Age (If filling out for a child, list date of birth)
Street Address	City	Zip Code
Home Phone (include area code)	Work Phone (include area code)	
Cell Phone (include area code)	E-mail (PRINT CLEARLY) _____	
Current Occupation (if in school, list school's name)	Hobbies	

If an emergency should occur, please list two people with whom we may communicate:

Name _____ phone _____ relationship _____

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Medical conditions instructor should be aware of: _____

DANCE TRAINING: (check all that apply)

- Ballet, Years ____ Modern Dance, Years ____
 Hip Hop, Years ____ Ballroom, Years ____
 Jazz, Years ____ Tap, Years ____
 Other: _____, Years ____

What are your dance goals?

- Build strong dance technique
 Build flexibility, get fit, reduce stress, have fun
 Become familiar with a variety of dance techniques including Jazz, Modern, Ballet, Tap, Hip-Hop
 Develop competency as a dancer in public performances
 Other: _____

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

Let us know if you would like to see something added, or if you have something special to offer to our dance studio.

REGISTRATION INFORMATION:

How did you hear about Ariel Dance Productions?

- Word of Mouth Flyer Yellow Pages Coupon Dance Workshop Internet Search Walk by
 Friend: Name _____ Other: _____

CLASS YOU WISH TO REGISTER FOR:

Name of Class: _____ Day: _____ Time: _____

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Payment (select class series plus \$25 registration fee): _____ Cash _____ Check: _____

INSURANCE WAIVER: Any dancer participating in a dance class takes certain incumbent risks. These include, but are not limited to, sprains, pulled muscles, and broken bones. Participation in Ariel Dance Productions indicates the acceptance of such risks. Ariel Dance Productions and the host venue assume no responsibility for personal injury or property lost at its events. I will not hold the Ariel Dance Productions responsible in case of accidents

or injuries that occur during dance class or performances. **By signing this form, I also understand that there are NO REFUNDS, CREDITS, MAKE UP OR EXTENSIONS for missed class series.**

Print Full Name: _____

Signature _____ Date _____

If dancer 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: _____