

# FREESPACE DANCE Registration Form 2010

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Student: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last Name) (First Name)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Class(es) Registering for \_\_\_\_\_

**12 week session \$190** \_\_\_\_\_

**Singe Class Rate \$19.00** \_\_\_\_\_

**15% discount if taking multiple classes** \_\_\_\_\_

**Total** \_\_\_\_\_

\*Make Check Payable to Freespace Dance

**Credit Card – Visa, MC, Amex**

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name \_\_\_\_\_

**\* No Refunds given after first week of classes**

As legal guardian of the above named student, I certify that he/she is physically fit to perform in all programs at *Freespace Dance*, is not currently under medical care, and is not receiving medication for any condition which would or may limit participation in any way, except as listed above. I do hereby give approval to allow participation in any and all activities. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I understand that these risks can never be totally eliminated, even under the supervision of properly trained and qualified instructors. I do further release, absolve, indemnify and hold harmless *Freespace Dance*, its dancers, instructors and/or other staff members from the responsibility of any injuries sustained by any student during the course of instruction or in performance in which he or she may participate in. I hereby waive all claims against the organizers, sponsors or any supervisors appointed by them. I also waive all claims against Grace Yoga and Dance and its staff.

***Freespace Dance, Inc. DOES / DOES NOT (circle one) have my permission to use photos of my child which may be used for publicity.***

I have read and understand this *Freespace Dance* Registration Form, and acknowledge receipt of a copy of this.

\_\_\_\_\_  
(Legal Guardian's Signature)

\_\_\_\_\_  
date

**Mail Payment and Registration to:  
Freespace Dance  
PO Box 43657  
Upper Montclair, NJ  
07043**

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