



Session: \_\_\_\_\_

# Registration Form

Make checks payable to: Bodygroove

www.bodygroove.net

Class: \_\_\_\_\_

Price: \$ \_\_\_\_\_

Ck #: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_

E-Mail Address (Optional): \_\_\_\_\_

Would you like to be added to my e-mail distribution list? (Circle One) Yes No

Liability Waiver: I hereby absolve and hold harmless Bodygroove, its owner and staff, the City of Burbank, its employees and officers, the City of Glendale, its employees and officers and any studio location (which class is being held at), its owner and staff from any liability which may result from my participation or any minor's (in my legal custody) participation in any dance fitness class of Bodygroove. I am aware that if I (or minor) have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my (or minor's) physical abilities and/or medical condition. I agree to be solely responsible for any injury sustained from my (or minor's) participation in Bodygroove classes. I acknowledge that I have read and understand the foregoing and am aware of the legal consequences of signing this form.

Adult or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_