

NEW STUDENT FREE TRIAL CLASSES FORM

•Please fill out <u>all</u> the information below.
•When the form is complete, please email it to <u>aspiredancestudio@yahoo.com</u> or turn it in to the studio.

Then you will be all set to take your FREE week of trial classes at Aspire!

DANCER'S NAME:			
BIRTHDATE://			
PARENT/GUARDIAN NAME (if und	er 18) :		
PHONE NUMBER:			
EMAIL ADDRESS:			
HOME ADDRESS:			
CITY:	STA	TE:	ZIP:
FREE CLASSES WEEK (dates):			
FREE CLASSES WEEK (dates):FREE CLASSES ATTENDING:			
WAIVER:			
As the legal parent or guardian (if dance is used and hold harmless Aspire Dance Studio, its demands, and causes of action whatsoever including death, that may be sustained by the premises or any premises under the control operators or in route to or from any said presented.	owners and operary, arising out of or rehe participant and/and supervision of	tors from any elated to any or the unders	and all liability, claims, loss, damage or injury, signed, while in or upon the
Parent/Guardian Signature or Dan	cer signature (if over 18):	
		Dat	te:

Welcome to Aspire Dance Studio!

aspiredancestudio.com

805.379.3822