

Dance Zone & Tumble Zone
REGISTRATION FORM

Student Name 1: _____ Age: _____ Birthdate: ___/___/___

Please list previous gymnastics and/or dance experience: _____

Please list any ailments/restrictions/allergies: _____

Student Name 2: _____ Age: _____ Birthdate: ___/___/___

Please list previous gymnastics and/or dance experience: _____

Please list any ailments/restrictions/allergies: _____

Student Name 3: _____ Age: _____ Birthdate: ___/___/___

Please list previous gymnastics and/or dance experience: _____

Please list any ailments/restrictions/allergies: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell or Work Phone: _____ Email _____

Do you have a Facebook Account? _____ Please like Us on Facebook!

Parent/Legal Guardian: _____ Parent/Legal Guardian: _____

Emergency Contact (other than above) Name: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

I understand that The Zone Family Fitness & Rec. Center, Inc. carries no insurance for me. My child/children are adequately covered by our family's insurance.

Company: _____ Policy No: _____

*Please make sure you have fully read through and understand our studio policies.

I, _____ have enrolled _____ in Tumble Zone and/or Dance Zone program offered at The Zone Family Fitness & Rec. Center, Inc. that includes strenuous physical activity. I hereby affirm that I am or the above named person(s) are in good physical condition and do not suffer from any disability that would prevent or limit participation in this exercise, dance, or any other activities on the premises. I, for myself, my heirs and assigns, hereby release The Zone Family Fitness & Rec. Center, Inc., the owners, Justin & Amanda Berger, their families, directors, employees, and volunteers or the owner of 1702 Market Street, Schellsburg, PA 15559 from any claims, demands and causes of action arising from my or the above named person's participation in any of the above stated program. I hereby release The Zone Family Fitness & Rec., Center Inc. owners, Justin & Amanda Berger, their families, directors, employees, and volunteers or the owner of 1702 Market Street, Schellsburg, PA 15559 from liability now or in the future for any injuries participation in any of the above stated programs offered at The Zone Family Fitness & Rec., Center Inc. or at any time, while in the vicinity of the premises or in any activity sponsored, represented or organized by The Zone Family Fitness & Rec., Center inc. I also understand that photos and videos taken throughout the year and these images may be published or used for advertising and promotional purposes by The Zone Family Fitness & Rec., Center Inc., and its agents. I understand I will not be able to protest any such use or receive compensation of any type for use of these pictures. By signing, I hereby affirm that I have read & fully understand & agree with the above waiver and have read & fully understand the studio policies.

Signature of parent or legal guardian _____ Date ___/___/___