



REGISTRATION FORM FOR ADULT CLASSES

Student Name _____

Email _____

Phone(s) _____

Street Address, City and Zip _____

Medical Conditions/Allergies/Precautions _____

Emergency Contact (other than self) Name _____

Relationship _____ Phone _____

Previous training _____

Class registering for _____

Session/Semester dates _____

Registration fee due _____

Tuition due _____

Registration fee paid _____

Tuition paid _____

Method of payment (check, cash, paypal, etc.) _____

I, the undersigned, understand that Second Story Studio, Marci Murphree, and all other teachers will take every reasonable and usual precaution to protect the safety of students.

I understand there is an inherent risk in any exercise activity and agree to release the school and instructors of liability from accidental injury which may occur on the premises or as a result of participation in the program.

Student Signature (guardian if under 18)

Date

Student Signature (if under 18)

Date