

Cimino Dance Studio Registration Form

Student Name _____ Date _____
Address _____ Phone _____
City _____ State _____ Zip _____
Date of Birth _____ Age _____ Parent's Name(s) _____
Email _____

Class: _____ Day: _____ Time: _____
Class: _____ Day: _____ Time: _____
Class: _____ Day: _____ Time: _____
Class: _____ Day: _____ Time: _____
Class: _____ Day: _____ Time: _____
Class: _____ Day: _____ Time: _____

Payment Method: ___ cash ___ check ___ credit
Card Number: _____ Exp: _____
Recurring Payments: ___ Yes ___ No
Recurring Payments will be deducted the first of the month

Participant Liability Waiver and Hold Harmless Agreement

As a participant or participant's parental/legal guardian, I understand that by participating in any dance class, workshop, rehearsal, or performance, there is a possibility of physical injury. I, therefore, agree to assume all risks of any such injury which might occur during any classes, rehearsals, or performances of Cimino Dance Studio. I agree to waive any and all claims I may have arising out of, connected with, or in any way associated with the activities of Cimino Dance Studio.

I do hereby fully release and discharge Cimino Dance Studio, its owners, employees, assistants, and instructors from any and all claims from injuries, damage, or loss which I or my minor child may have or which may occur as a result of participation of Cimino Dance Studio's activities.

Signed _____ Date _____