Yoga Registration Form

Name_____

Y/N_____address, email, telephone, emergency contact info is the same as last year

COMPLETE THIS SECTION IF NEW OR INFO HAS CHANGED

Birth Date_____

Allergies/Medications _____

Mailing Address _____

_____

City _____ State_____ Zip Code_____

_____

Home Ph. Number(_____) _____ Email _____

_____

Cell Ph. Number (_____)_____ Work Ph. Number (_____) _____

_____

Emergency Contact Name _____

_____

Ph. Number(_____) _____

MEDICAL RELEASE

In the event you are unable to reach me, in the case of accident or injury, I give my permission for treatment as deemed necessary by staff or emergency personnel. I also release Promenade Pointe Dance Company and its staff of liability in case of injury or accident incurred to student named above.

Signature _____ Date _____

PROMOTIONAL MATERIAL

I give permission to publish photographs of student on the Promenade Pointe Dance Company website, brochure, advertisements, social media and any other publications.

Signature _____ Date _____

STUDIO INFORMATION AND POLICIES

I have read all studio information and policies including monthly fees, insurance, bad weather/ holiday policies, attendance, class observation and dress code. I fully understand and agree to abide by these policies.

Signature _____ Date _____

CLASS NAME	**FEE**
Yoga	**$55**

FOR OFFICE USE ONLY

Total Tuition Due on the 10th each month: $55__

Total Amount Paid $_____by: _____Cash ____Credit Card _____Check# _____