

Student Registration Form

for dance classes with Amanda

www.AmandaDancer.com

Required fields in bold. Please print clearly.

First Name: _____

Last Name: _____

Street Address: _____

City: _____

Zip Code: _____

Phone Number: _____

E-mail Address: _____

To receive information about classes, workshops, and performances through Amanda's emailing list, please check here: _____ (Email addresses are never shared and mailings are infrequent.)

How did you hear about Amanda's classes? _____

Date of first class with Amanda: _____

Prior dance experience:

What are your goals in taking this class?

Liability Waiver and Release:

I recognize that dance classes require physical exertion that may be strenuous and cause physical injury. I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to beginning any dance classes. I warrant that I am physically fit and have no medical condition that would prevent my participation in classes. I understand that while the instructor takes care in imparting directions for safe physical movement, her advice will not supersede the advice of a physician. I agree to mention any changes in my medical condition – including but not limited to sprains, strains, common colds, flu, and pregnancy – to the instructor before the start of each class. I agree to assume full responsibility for all risks, injuries, or damages, known or unknown, which I might incur as a result of participation in these classes. I expressly waive any claim I may have against Amanda Baer for injury or damages that I might sustain.

I have read the above Liability Waiver and Release and fully understand its contents. By signing below, I voluntarily agree to the terms stated above.

please sign here: _____

(students under age 18 must have parent or guardian sign)