

Diane Cypher and Robert Kelley, Directors 831)479-1600 • fax (831)464-1219 2800 S. Rodeo Gulch Road, Suite C Soquel, CA 95073

ADULT STUDENT ENROLLMENT FORM

Name:			
Phone:	Age: (if under 18)	Birthday:	
Address:	City, Zip:		
Physical limitations we should be aware of:			
New student: How did you hear about The Studio?			
Email address: emily@openpgp.org		Yes, please send me The Studio Newsletter via email.	
Emergency Contact (name & phone):	Relationship:		
teacher prior to the onset of class if you are taking Barre only; illness or injury (2+ weeks), class cards may be extended if the are extended for holidays. WAIVER OF LIABILITY AN The Studio was formulated to promote dance as an art form a	office is notified at the office of the offi	ne onset of the illness or injury. Cards OF RISK ioning of the cardiovascular and	
muscular systems. The program emphasizes the physical aspectors.	cts of dance, includin	g proper warm-up and cool-down	
I, the undersigned, agree not to claim or demand any cost or exproperty damage resulting from or sustained by, or which may be about the premises of The Studio, either as spectators or as Furthermore, I hereby assume all the risks of personal injury wotherwise engaged with dance or dance instruction at The Studios.	in the future result of dancers or as dance while dancing, receivi	or be sustained. The same is or shall students or dance instructors.	
I, the undersigned, acknowledge the hazards in exercise progra special problems with my physician.	ams and accept the ri	sks involved. I have discussed any	
I, the undersigned also agree to indemnify, defend and hold hand all loss, liability, cost or expense, arising out of any and al loss sustained in the prior.		· ·	
Signature	Date		