

2009-2010 ZUMBA! REGISTRATION FORM

Name: _____
Birthdate & Parent's Name (if Under 18): _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work/Other Phone: _____
Email Address: _____
In case of an Emergency, please contact: _____
Phone: _____
Please list any medical conditions, medication, allergies, etc: _____

Would you like to receive notices via email? Yes No
(This helps us save paper and keep tuition costs down. We do not disclose personal information)
Would you like to be added to our mailing list? Yes No
How did you hear about us? _____

Zumba! Classes Registering For:

<u>Circle</u>	<u>Day</u>	<u>Time</u>
Session I: October 1-November 19	Thursdays	7:30-8:30 pm
Session II: January 7-February 11	Thursdays	7:30-8:30 pm
Session III: February 25-April 15	Thursdays	7:30-8:30 pm
Session IV: April 29-June 3	Thursdays	7:30-8:30 pm

Sessions II & IV (6 Weeks): \$65.00 each
Sessions I & III (8 Weeks): \$80.00 each

Drouin Dance Center is not responsible for any lost or stolen personal property on the premises.

Drouin Dance Center does not provide insurance coverage for its students. Students are responsible for their own medical insurance and we require that all of our students be covered by a medical insurance policy.

We at Drouin Dance Center make every attempt to provide our students with proper training and a safe environment. Students and their parent/s and/or guardian/s assume the risk involved with any injuries that may occur as a result of taking part in a dance class, and Drouin Dance Center and its instructors and staff are not responsible for injuries received as a result of the student's participation. Should a severe injury occur, the contact listed above as the Emergency Contact Person will be notified. The Emergency Contact Person should advise Drouin Dance Center if an ambulance should be called in the event of an extreme injury.

By signing below, you consent to and understand all Policies of Drouin Dance Center listed above and in the Student Handbook, and give consent for you or your dancer to take part in the Zumba classes listed above.

Cost: \$65 per 6 Week session, \$80 per 8 Week session.

Payment Method

I have enclosed cash, check or money order
 Please charge my card as outlined below.

Circle one: VISA MC American Express Discover

Card Number: _____
Expiration Date: _____ V Code: _____ Billing zip code: _____
Name as it appears on card: _____
Total Amount: \$ _____

Signature of Student or Parent (if Student is Under 18)
Printed Name: _____

Date: _____

PLEASE REMIT TO: DROUIN DANCE CENTER, P.O. BOX 815, WESTBROOK, ME 04098