



## Dance Fit - Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Profession: \_\_\_\_\_

Please rate your present fitness level on a scale of 1-10, with 10 being the most fit \_\_\_\_\_

In the KCFAA Studio Dance Fit Program you will be asked to perform a wide range of activities ranging from low to high impact and low to high intensity of effort. We highly recommend that you consult with a physician before beginning this or any other physical activity program.

### Emergency Information

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the applicant have any special medical considerations (Drug Allergies, etc...?) \_\_\_\_\_

I understand every effort will be made to the above listed person or the above listed physician. If they cannot be reached I give my consent for the emergency room physician to treat me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Release

This release is entered into between you and KCFAA. The purpose of KCFAA Studio Dance Fit Program is to provide Dance/Fitness instruction for individuals at various levels of fitness.

The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:

Participant represents that he/she is in good physical condition and has no physical impairments, disability, or known health concerns preventing him/her from engaging in the physical conditioning offered to him/her by KCFAA Studio Dance Fit Program. AGREE \_\_\_\_\_

I understand and am aware that dance, aerobic, strength, and flexibility exercise is a potentially hazardous activity involving risk of injury. I understand I am participating in these activities with knowledge of the dangers involved. I agree to expressly assume and accept any and all risks of injury. AGREE \_\_\_\_\_

All use of activities and any facility or location herein utilized or provided for participants activity session, shall be undertaken by the participant at his/her own risk. KCFAA shall not be liable for any injuries or damages sustained by the participant not withstanding the same may be attributable to the negligence of KCFAA or employee, consultants, or any other participant. AGREE \_\_\_\_\_

Participant's lack of attendance shall not be a valid cause for extending the term of this agreement and may be the cause for him/her not achieving the desired results. AGREE \_\_\_\_\_

I understand that I must inform an instructor if I experience any changes in health during the course of the program including, but not limited to, dizziness, light-headedness, headache, shortness of breath, or any "bad" pain before, during, or after the activity session. AGREE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I agree to all Terms and Conditions listed above: AGREE \_\_\_\_\_

### **KCFAA Studio Dance Fit Program Class Schedule & Fees**

#### **Dates**

- 1st Semester: September 29, 2011 – December 18, 2011
- 2nd Semester: January 14, 2012 – May 5, 2012

#### **Time**

- Thursday 8:15pm – 9:15pm
- Saturday 9:00am - 10:00am

#### **Fee**

- Walk-in \$10 each
- 1<sup>st</sup> semester (11 weeks/2 classes per week) - \$187 (\$8.50/class)
- 1<sup>st</sup> semester (11 weeks/1 class per week) - \$99 (\$9.00/class)
- 2<sup>nd</sup> semester (15 weeks/2 classes per week) - \$255 (\$8.50/class)
- 2<sup>nd</sup> semester (15 weeks/1 class per week) - \$135 (\$9.00/class)

Prices are per semester.

Semester Start Date: \_\_\_\_\_

#### **Class Cancellation**

Classes with insufficient enrollment will be cancelled.