

IGNITE Dance and Yoga Summer Youth Registration Form 2016

Student First Name		Last Name			
Street Address					
City		State		Zip	
Home Phone					
Email Address					
Parents' Names		Parents' Phones			
School		Grade in School			
Birthdate		Age			
Allergies/Medical Conditions					
Emergency Contact/Phone					
How Did You Hear About IGNITE?					
Dance Experience					

Class Description	Price

I, the parent or the adult student, acknowledge that the student is taking class at their own risk and will not hold IGNITE Dance and Yoga liable in the event of physical injury or personal loss. In the event of a medical emergency, all attempts will be made to first contact the parent. If unsuccessful, this signature authorizes us to contact 911.

I acknowledge that IGNITE Dance and Yoga may take photos/videos of the students for the purpose of promoting the studio.

I have read and agree to the terms and conditions as stated in IGNITE Dance and Yoga's Policies and Procedures.

Sign _____ Date _____

**Registration forms may be mailed to IGNITE Dance and Yoga
PO BOX 193, North Bend, WA 98045-0193**