

IGNITE Dance & Yoga Adult Registration Form

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|--------------------------------------|-------|--|--|
| Student Name <i>(First and Last)</i> | | | |
| Street Address | | | |
| City | State | | |
| Home Phone | | | |
| Email Address | | | |
| Allergies/Medical Conditions | | | |
| Emergency Contact/Phone | | | |
| How Did You Hear About IGNITE? | | | |
| Yoga/Dance Experience? | | | |

| Class Fees and Passes | Price |
|--|------------------|
| Yoga Drop In (one class) | \$18.00 |
| 12 Class Pass (valid for 6 months) | \$156.00 |
| Month to Month option (2 month commitment) | \$112.00 / month |
| Student/Senior/Military (2 month commitment) | \$56.00 / month |
| Membership (1 year contract) | \$89.00 / month |
| Zumba Drop In (one class, Zumba only) | \$13.00 |
| Zumba 10 Class Card (valid 6 months, Zumba only) | \$100.00 |

Total Due

I, the parent or the adult student, acknowledge that the student is taking class at their own risk and will not hold IGNITE Dance & 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 emergency contact. If unsuccessful, this signature authorizes us to contact 911.

I acknowledge that IGNITE Dance & 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 above.

Sign _____

Date _____

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