IVISION

REGISTRATION FORM for DANSPACE

473 Hudson St. Oakland CA 94618
info@danspace.com (510)420-0920

Please complete the registration form and sign below.

PLEASE PRINT

Student's Name_____

Address_____

City_____ Zip Code_____

Phone (Mobile)_____ (Home)_____

Email: _____

Danspace communicates primarily via email. If you give us your email address it will be added to our mailing list. The emails we send are sent only from the studio regarding studio/class information and updates. We do not sell or give your email to outside groups.

In case of an Emergency while you are in class, who should we call?

Name_____

Phone #_____ Relationship_____

By signing this release, I acknowledge my understanding and acceptance of the following:

I, _____, acknowledge That dance can be an active form, which requires strength, agility and concentration and that it is solely my responsibility to determine that I am in good health and good physical and mental condition before permitting myself to exercise, work out, receive instruction or perform.

I,_____, agree to all the Danspace policies set forth on its website and in printed material.

_____Date_____
Signature

How did you Hear about Danspace?_____

What year did you start taking class at Danspace?_____

How often do you take class?_____

Last updated 2/17/2011