



916 G Street, NW
 Washington, DC 20001
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REGISTRATION FORM FOR DANCE CLASSES

Please fill out the following information and return this form by mail with your check to the address above. Your spot in class is not guaranteed until this completed form and payment in full are received. You will receive an acknowledgment by email or phone of the classes you are registered to attend. Classes are held at the Coors Dance Studio, Flashpoint, 916 G Street, NW, Washington DC (Green Line Metro to Gallery Place/G Street exit).

STUDENT NAME: _____
 PARENTS NAMES: _____
 ADDRESS: _____
 PHONE: _____ EMAIL: _____ NUMBER OF STUDENTS: _____
 AGE(S): _____ * minors: parent MUST fill out and sign release below for participation
 SCHOOL ATTENDED: _____ GRADE: _____
 SEX: Male / Female DATE OF BIRTH: _____
 PREVIOUS DANCE EXPERIENCE: _____
 EMERGENCY CONTACT: _____
 CLASS DATES YOU ARE REGISTERING FOR: _____
 TOTAL CLASSES: _____ TOTAL AMOUNT ENCLOSED: _____

Payment in full is required prior to the beginning of the first class.

My check or money order is enclosed Paid online with paypal (bring payment confirmation)

NOTE: We will charge \$35.00 for any returned/unpaid checks.
There will be NO REFUNDS or cancellations made AFTER THE THIRD CLASS. In order to receive a refund
You must cancel during class #1 or #2.

WAIVER: I understand and acknowledge that I am registering for dance classes offered by Maru Montero Dance Company (MMDC) and I am aware of the strenuous and physical nature of the activities. I am aware of my own physical condition and limitations, and take full responsibility for my own actions and participation in all activities. I will be mindful of my own safety and the safety of others in the group. I understand that MMDC does not provide medical or accident insurance coverage or insurance for loss of personal property and that I am responsible for this. HOLD HARMLESS CLAUSE: I assume all risks and hazards incidental to my participation in this class, and do hereby waive, release, absolve, indemnify and hold harmless MMDC for any claim arising out of injury to myself (or others) or personal loss.

NAME (PRINT): _____ DATE: _____

SIGNATURE (or signature of adult responsible for minor): _____

Office Use Only Below This Line

Payment amount: \$ _____ Received date: \$ _____ Class lists: _____

Student sent confirmation on: _____ (date)

A Tax Exempt Organization