

Student Registration Form



Casino LA Style Merengue Bachata Cha Cha Cha

Today's Date: _____

Birth date: _____
(MONTH/DAY/YEAR)

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ Can this phone receive text messages? YES NO

Email Address: _____

Would you like to be on the  e-mail mailing list? YES NO

Emergency Contact:

Name: _____ Phone #: _____

Do you have any previous dance experience?

YES NO If yes, what type? _____

How did you find us? (Please check all that apply)

- Night Club - Which one? _____
- Invited** by Instructor or Employee, Who? _____
- Invited** by Family Member or Friend- Who? _____
- Internet – What site? _____
- Other, please specify: _____

Which days of the week can you attend classes? (Check all that apply)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

LIABILITY & IMAGE WAIVERS

IMPORTANT – PLEASE READ – AND SIGN!

The student recognizes the risk of an accident or injury inherent in any exercise or dance program and waives, releases, and holds harmless Salsa Xtreme Dance Studio and their heirs, assigns, Instructors, employees, or independent contractors from liability or injury or damages, or any claims arising from participation in any programs at Salsa Xtreme Dance Studio.

I understand pictures and/or video might be taken during the classes without notification and that my picture may be used for promotional purposes, appear in printed materials and/or on the internet. All pictures and videos are the property of Salsa Xtreme Dance Studio. **By signing below, I grant Salsa Xtreme permission to use my picture.**

Signature _____ Date: _____