



REGISTRATION FORM

NAME: _____ D.O.B.: _____

ADDRESS: _____ ZIP: _____

CELL: _____ HOME: _____ EMAIL: _____

PLEASE LIST ANY MEDICAL CONDITIONS TO BE AWARE OF:

ALTERNATIVE CLASSES (TIMES/DAYS) INTERESTED IN: _____

***"GOTTA DANCE" RESERVES THE RIGHT TO ANY SCHEDULE CHANGES. IF SUCH CHANGES TAKE PLACE YOU WILL BE NOTIFIED IMMEDIATELY.**

***"Gotta Dance" has a "no refund policy" on registration, tuition, and Zumba Class Card purchases**

"GOTTA DANCE" AND ITS INSTRUCTORS ARE NOT LIABLE FOR PERSONAL INJURIES OR LOSS OR DAMAGE TO PERSONAL PROPERTY. EACH STUDENT MAY DECLINE TO PARTICIPATE IN ANY ACTIVITY. PLEASE INFORM INSTRUCTOR OF ANY PHYSICAL LIMITATIONS WHICH MAY PREVENT FULL PARTICIPATION IN CLASS.

PARTICIPANT SIGNATURE: _____ DATE: _____

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