



REGISTRATION FORM

Gotta Dance

101 Brick Kiln Road #4

Chelmsford, MA 01824

978-671-0400 ~ www.ksgottadance.com

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 session 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: _____

****PLEASE READ AND SIGN THE COVID 19 WAIVER ON THE BACK SIDE OF THIS FORM****

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COVID-19 STUDENT WAIVER-RELEASE FORM

- I understand and agree to all the new COVID-19 related rules and protocols administered by ***Gotta Dance***.
- I understand if I/my child is sick they will not come to class and should stay out of dance for at least 5 days symptom-free.
- I understand I/my child will stay home from dance if someone in my immediate household contracts the virus and should stay out of dance for at least 5 days symptom-free.
- I understand I am willingly and voluntarily allowing myself/my child to participate in an activity where they are around other people, thus increasing their risk of contraction.
- I understand the risk associated with allowing myself/my child to participate in dance classes regarding COVID-19.
- However, while I also understand ***Gotta Dance*** will do whatever it can to prevent the spread of the disease, ***Gotta Dance*** cannot be held responsible should any child, parent or guardian contract COVID-19 while utilizing ***Gotta Dance*** services and premises.
- I hereby release and discharge ***Gotta Dance*** and its owner, director, and employees from any liability whatsoever which may arise as a result of me/my child participating in events sponsored by ***Gotta Dance***.

Student Name (Print): _____

Parent/Guardian (Student if over 18) Signature: _____

Parent/Guardian Name (Print): _____

Date: _____