



Registration Form **Student Info:**New Participants Only or if any changes****

Name: _____

Home Phone(____)_____ Work(____)_____

Email Address: _____ FaceBook _____

Class Information

	Class	Time			
	Tuesday				
	Thursday				

Physical Liability Waiver

In consideration of my participation in Zumba Fitness activity, I agree to release, discharge, waive and relinquish carol todor studios (employees and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which may arise out of my participation.

Signature: _____

Office Use Only: Paid by Cash\$ _____ Ck\$ _____ Debit/CC_ \$ _____

Staff Initials: _____