

YOUNG DANCER PROGRAM

Registration Form

Name of Dancer: _____

Date of Birth: _____ Medical Issues/Allergies: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

Primary Phone: () _____ Cell Phone: () _____

CLASS ENROLLMENT

Name of Class	Day	Time of class
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A \$20 registration fee and tuition is due at the time of enrollment along with the Registration Form. All sales are final. No refunds, no exchanges, no transfers.

Please mail in or drop off form:
eXit SPACE 414 NE 72nd Street
Seattle, WA 98115

Form of payment: cash/credit card/personal check
We offer an auto pay system for our Young Dancer Program parents, if you are interested in this system please check here for setting up an account.

- I acknowledge that I am 18 years or older, that I am registering myself or on behalf of my child who is under 18 years old (either party to be called I), that I am in good health and capable of undergoing the course of exercise and/or dance for which I am enrolling in at Exit Space LLC. I acknowledge that I have been advised by Exit Space LLC to seek a professional medical consultation for any medical, physical, emotional problems that may affect my ability to exercise and/or dance.
- I realize that I assume all responsibility and risk for any injury or damages which I might sustain either directly or indirectly from any cause whatsoever related to the course of exercise and/or dance I participate in at Exit Space LLC.
- I hereby discharge and release Exit Space LLC., any of it's members, faculty, and/or employee and representative from any and all matters of action, suits, liens, debts, agreements, promises, liabilities, claims, rights, obligations, damages, losses, and damages of any nature whatsoever, known or unknown, which I now have or may here after have against any person of Exit Space LLC.
- I realize that I am responsible for all personal belongings which I bring into Exit Space LLC. Exit Space is not liable for my personal belongings.
- I acknowledge that I have carefully read and understand this entire document before signing it and by signing below I agree to all stated terms and conditions.

Name of Dancer: _____

Name of Parent (if applicable): _____

Signature: _____

Date: _____