



PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION

Student Name: _____ Age: _____ Birth date: _____

Parent/Guardian Name: _____

Parent /Guardian Name: _____

Address: _____

Address: _____

City: _____ Zip: _____ Phone: _____ Cell: _____

Email: _____

Primary Guardian Place of Employment: _____ Phone: _____

EMERGENCY CONTACT _____ Phone _____

Relationship: _____ Phone: _____

Do you/your child have any medical/physical disabilities that limit participation?

If yes please describe below in the Medical History.

- Yes
 No

I acknowledge that I/my child is fit and capable of participating in Zumbatomic classes. Each student may decline to participate in any activity, which may be personally harmful and is also responsible to inform the instructor of any physical limitations that may prevent full participation in class. The Dance Haven and the instructors are not liable for personal injuries or loss or damage to personal property. I waive all rights for claims against The Dance Haven, or it's staff or Instructors for damages or injuries that may occur while I participate in activities. I agree to pay any costs and penalties should my account become delinquent and a collection agency is necessary to recover any monies owed by me.

Parent/Guardian Signature

Printed Name _____ Date _____

Medical History: All Students or Parents/Guardians are encouraged to complete this optional medical history form. The Dance Haven will provide this information to emergency service personnel caring for your child. The Dance Haven nor its staff or instructors does not assume the responsibility of verifying or updating the information provided. Students or Parents/Guardians are urged to inform The Dance Haven of any changes in the physical condition of you/your child.

Serious Diseases: _____

Allergies: _____

Medications: _____

Hospitalizations: _____

Physicians: _____

Additional Information: _____

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