



9055 Soquel Drive • Aptos, CA 95003
831-661-0217 • fax 831-661-0218
info@dance-synergy.com

Registration Form

Student Name _____ Parent Name (if under 18) _____

Address _____ City _____ Zip _____

Phone (home) _____ (work) _____ E-mail _____ Birthday _____

Emergency Contact (name) _____ (phone) _____

Do you have any special health conditions that we should know about? (asthma, allergies, injuries, diabetes, etc.). This information is voluntary and confidential and would be used in the event of a health emergency.

Fitness / Dance

Drop In: \$15

5-class package \$65

10-class package \$110

Monthly, 4 week unlimited \$120

Class Packages good for 30 days from date of purchase. Have classes left over on your package? You may pay the difference up to the single class price for any unused classes.

Amount paid _____ Date _____ (No refunds)

(For mail-in registration, please pay by check only. For other forms of payment, contact DanceSynergy at 831-661-0217.)

How did you hear about DanceSynergy?

Mailer Ad (where?) _____ Friend (who?) _____ Other (specify) _____

THE FLOOR AND SHOES: Some street shoes may be appropriate for some classes. Please ask your instructor for the appropriate footwear for the class. Please do not wear them off the street and into the Studio as they track in water and gravel which damages the floor. Instead, carry them separately and change shoes before class. Dance sneakers are ok. **NO BLACK SOLED TENNIS SHOES OR BOOTS!!** Please no buckles, rivets, or wallet chains. Also, please refrain from wearing any loose jewelry or heavy perfume.

WAIVER: I hereby waive DanceSynergy from any and all claims, costs, liabilities, expenses or judgements, including attorney's fees and court costs, that may arise from my participation in any DanceSynergy program.

I have read and understand the policies of DanceSynergy. X _____ Date _____
Signature (parent or guardian if under 18)