

DANCE CONNECTION

Adult Classes



Name: _____

Address: _____

City/Prov: _____ / _____ Phone: _____

Work/Cell Phone: _____

Email Address: _____

Do not write in this space
Payment Amt: _____
CASH
CHEQUE
VISA/MASTER CARD
INTERAC
Payment Notes: _____

Class Registering For: _____	Cost: _____ \$	GST: _____ \$	Total: _____ \$
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Class Days: _____	Class Times: _____	Start Date: _____
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How did you hear about us? (please circle one)

Instructor	A Dance Demo	Website
Friend/Past Student	Newspaper Ad	Posted flyer (where ?)

HEALTH QUESTIONS	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/> Are you on any Medications?
<input type="checkbox"/>	<input type="checkbox"/> Do you Smoke? How many cigarettes per day? _____
<input type="checkbox"/>	<input type="checkbox"/> Has your doctor ever said you have heart trouble?
<input type="checkbox"/>	<input type="checkbox"/> Do you frequently have pain/pressure in your heart/chest at rest or during exertion?
<input type="checkbox"/>	<input type="checkbox"/> Has your doctor ever said your blood pressure was too high?
<input type="checkbox"/>	<input type="checkbox"/> Do you have asthma or allergies?
<input type="checkbox"/>	<input type="checkbox"/> Do you get short of breath, at rest or after 2 flights of stairs?
<input type="checkbox"/>	<input type="checkbox"/> Do you have back pain-constant or occasional?
<input type="checkbox"/>	<input type="checkbox"/> Are you not accustomed to vigorous exercise?
<input type="checkbox"/>	<input type="checkbox"/> Has your Doctor ever told you that you have a bone or joint problem (including spine) such as swollen joints, arthritis, etc. that has been aggravated or may be by exercise

If you answered YES to any of the following questions and your doctor has said it is OK for you to take part in our classes, please inform your instructor of this and follow the directions she/he has given you. If you answered NO to all the questions, you can be reasonably assured of your present suitability to take part in our classes.

I further advise Dance Connection that I have taken all precautions, whether consulting my personal physician or not, and state that I am physically capable of engaging in this workout. I hereby release Dance Connection, its agents, servants, or employees, from any and all liability, claim or demand on account of or related in any way to injury or disease I may suffer as a result of the foregoing and assume all risks in connection therewith. There will be no refunds issued for any of our classes.

DATE: _____

Participant Signature: _____ Staff Signature: _____