

2008 REGISTRATION FORM

ZUMBA FOR KIDS



Location for Student Classes:
Young Actors Theatre
609 Glenview Drive, Tallahassee, FL
Cost: \$35.00 Fee

Student's Name: _____

Address: _____

Age: _____ **Gender:** _____

Class Session:

July 7th, 8th, 9th, 10th and 11th (2:00pm – 3:00pm)

Emergency Contact information

Parent or Guardian's Name: _____

Address: _____

E-Mail Address: _____

Phone numbers:
(Home) _____ (Work) _____ (Cell) _____

I, the undersigned, hereby expressly and affirmatively state that I give permission to my child to participate in Zumba exercise class at Young Actors Theatre. I realize that participating in this activity involves risk of injury. I hereby expressly assume all of the delineated risk of injury and all other possible risk of injury, which could occur by reason of child's participation. I do hereby waive, release, and forever discharge all employees, representatives and all others from any and all responsibility or liability for injury or damage resulting from my child's participation in this activity.

Signature: _____

Please fill, sign and return this form, along with the check for \$35.00.

Please make checks payable to Randy Baez and mail registration form and fee to 9421 Windam Way, Tallahassee, FL 32312. Please call 850-868-0841 for more information or for special siblings and early registration discounts.

For more information, visit the ZumbaJunkie Website at: <http://www.zumbajunkie.com>