

2016 - 2017 GRACEFUL MOVES DANCE GROUP FITNESS CONTRACT

Participant must be 16 years of age to register for fitness classes

PRINT Name _____ Date _____

E-mail _____

Street Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Emergency Contact Name & Phone #: _____

Did you sign up through: SHELBY PARKS & RECREATION UTICA COMMUNITY SCHOOLS

IMPORTANT MEDICAL INFORMATION IF YOU CIRCLE YES TO ANY QUESTION, PLEASE LIST YEAR & MEDICATIONS

HISTORY OF HEART PROBLEMS _____	YES	NO	ARTHRITIS _____	YES	NO
HISTORY OF HEART ATTACK _____	YES	NO	JOINT PAIN _____	YES	NO
HISTORY OF STROKE _____	YES	NO	SURGERIES _____	YES	NO
HIGH BLOOD PRESSURE _____	YES	NO	(within the past 3 years)		
BACK PROBLEMS _____	YES	NO	ARE PREGNANT _____	YES	NO
BREATHING PROBLEMS _____	YES	NO	LOW BLOOD SUGAR _____	YES	NO
ASTHMA _____	YES	NO	HIGH BLOOD SUGAR _____	YES	NO
MUSCLE DISEASE _____	YES	NO	OTHER _____	YES	NO

HAVE YOU RECEIVED ANY EXERCISE RESTRICTIONS FROM YOUR DOCTOR IN THE PAST YEAR. YES NO
IF SO, FOR WHAT? _____

PLEASE LIST ALL MEDICAL CONDITIONS NOT PRE-MENTIONED ABOVE: _____

PLEASE LIST ANY RELEVANT MEDICATIONS NOT PRE-MENTIONED ABOVE: _____

IN ANY OCCURRENCE OF INJURY, I GIVE PERMISSION FOR HOSPITAL CARE IF NEEDED & APPROPRIATE: YES NO

I hereby agree that Graceful Moves Dance Inc., along with its instructors, sub-contractors, employees, and staff holds no risk and is unaccountable for any injury, damage, or claims, whether foreseeable or not, sustained by myself, guests, friends, children or family members while participating in, observing, and traveling to or from events or classes held at Graceful Moves Dance Inc. I assume all risk involved regarding the participation in the sport of dance or fitness classes and any other event held in the establishment. I understand that there are absolutely NO REFUNDS, RETURNS, EXCHANGES, OR TRANSFERS on payment. Payment is due upon first class. I understand that there are other charges for services rendered by Graceful Moves Dance Inc. I hereby agree and understand that this contract is legally binding on all accounts. I hereby give my permission to Graceful Moves Dance Inc. to use any photography and or video of events held within the studio or at functions hosted by the studio for promotional and or advertising purposes. I have read and understand all rules and regulations of Graceful Moves Dance Inc. and hereby assume all responsibility of myself or participant.

SIGNATURE _____ **DATE** _____

UNDER 18 YEARS OF AGE: participant must be 16 years of age to register for fitness classes
As parent/legal guardian of this minor I waive and release all rights and claims or damages that may occur during participation of this program.

LEGAL GUARDIAN SIGNATURE _____ DATE _____

.....**This section for studio use only**.....participant initial box per session

<input type="checkbox"/>	FALL '16 :	PACKAGE: _____	GMD/UCS/SPR: _____	TOTAL: _____	PAID: _____	□
<input type="checkbox"/>	HOLIDAY '16 :	PACKAGE: _____	GMD/UCS/SPR: _____	TOTAL: _____	PAID: _____	□
<input type="checkbox"/>	WINTER '17 :	PACKAGE: _____	GMD/UCS/SPR: _____	TOTAL: _____	PAID: _____	□
<input type="checkbox"/>	SPRING I '17 :	PACKAGE: _____	GMD/UCS/SPR: _____	TOTAL: _____	PAID: _____	□
<input type="checkbox"/>	SPRING II '17 :	PACKAGE: _____	GMD/UCS/SPR: _____	TOTAL: _____	PAID: _____	□
<input type="checkbox"/>	SUMMER '17 :	PACKAGE: _____	GMD/UCS/SPR: _____	TOTAL: _____	PAID: _____	□