

**Infused Fitness and Dance**  
**5840 Pacific Ave SE Ste A**  
**Lacey, WA 98503**  
**(360) 455-9000 - www.Infused4U.com**

**1 - STUDENT INFORMATION**

**Name** Last \_\_\_\_\_ First \_\_\_\_\_ Gender F M

**Address** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone** Home \_\_\_\_\_ Cell \_\_\_\_\_ **E-mail** \_\_\_\_\_

*(Optional):* Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ **How did you hear about us?** \_\_\_\_\_

**2 - EMERGENCY CONTACT**

**Name** Last \_\_\_\_\_ First \_\_\_\_\_ Mrs Ms Mr

**Phone** Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

**3 - DANCE & EXERCISE CLASS(ES) YOU PLAN TO ATTEND AND WISH TO ENROLL.**

Please check all appropriate boxes. Note that many classes are offered on an open drop-in, first-come first-serve basis. Pre-paying saves you money and will reserve your space in the class.

	Drop-in Per Class	Pre-Pay	Discount	Discount Details	# of weeks	TOTALS
<input type="checkbox"/> Drop-in _____ (Class Name). Please pay Drop-in Rate listed below					N/A	
<input type="checkbox"/> Beginner Belly Dancing	\$ 10.00	\$ 64.00			8	
<input type="checkbox"/> Intermediate Belly Dancing	\$ 10.00	\$ 80.00			10	
<input type="checkbox"/> Infused Yoga	\$ 10.00	\$ 64.00			8	
<input type="checkbox"/> Zumba	\$ 5.00	Drop-in Anytime!			-	
<input type="checkbox"/> Nia	\$ 10.00	\$ 64.00			8	
<input type="checkbox"/> Salsa	\$ 20.00	\$ 90.00			6	
<input type="checkbox"/> Swing Dance	\$ 12.00	\$ 60.00			4	
<input type="checkbox"/> Tai Chi	\$ 12.00	\$ 80.00	Save \$16	\$8 per class for Students & Military	8	
<input type="checkbox"/> Hip Hop	\$ 10.00	\$ 64.00			8	
<input type="checkbox"/> Self Defense	\$ 12.00	\$ 60.00			6	
<input type="checkbox"/> Other _____ (Class Name).						
<b>TOTAL PAID</b>						

**4 - PAYMENT METHODS**

CASH Only in-person at Infused Fitness and Dance

CHECK Please make your check payable to Infused Fitness and Dance CHECK# \_\_\_\_\_  
 [Returned check charge \$30/occurrence.]  
Note: if paying by Cash or Check please complete registration form and bring with you to Register in-person, or mail with check.

ON-LINE Complete registration form and follow prompts to pay by credit card

**5 - MEDICAL INFORMATION**

Do you have any medical/physical conditions or other limitations that we should be aware of?

NO

YES  Please explain: \_\_\_\_\_

You should always consult your physician before starting any physical fitness activity. IT IS YOUR RESPONSIBILITY to listen to your own body, know your limitations, take breaks when needed, and DO NOT do any movement that may cause harm to you or others.

Please inform your instructor prior to class if you require modification for certain movements or have any needs or concerns about the class expectations.

**PLEASE READ AND SIGN WAIVER ON THE BACK PAGE (Over)....**

**6 – WAIVER OF LIABILITY**

I understand that Infused Fitness and Dance, LLC is accepting me as a student. I realize that there are certain dangers inherent in dancing and fitness activities. I agree to assume the risk of all injuries or damage that may arise from my participation in dance/fitness activities at Infused Fitness and Dance, LLC. I certify that I am in proper physical condition to take part in dance/fitness activities. I hereby consent to and authorize the use and reproduction by Infused Fitness and Dance, LLC of any and all photographs or motion recordings or likenesses of me person or characteristics (Reproductions) for any purpose whatsoever, without compensation. All Reproductions shall be the property of Infused Fitness and Dance, LLC and I assign the rights to said Reproductions and authorize Infused Fitness and Dance, LLC or others authorized by them to exhibit, broadcast or distribute said Reproductions in whole or part in any medium, without compensation. In consideration of the above, I hereby release Infused Fitness and Dance, LLC and its Managers, Members, Director, teachers, employees, agents and staff from and against any liability or claim for any injury, misadventure, harm, loss, cost or damage sustained in connection with my participation in Infused Fitness and Dance, LLC classes and activities. I have read this release and understand its meaning.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

**If student is under 18 years old; MUST be signed by Parent/Guardian**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

**Please indicate other classes that you may be interested in and would like to receive email updates/information about:**

Your email address: \_\_\_\_\_

- African Rhythm
- Ballroom Dancing
- Beginner Belly Dancing
- Infused Yoga
- Hip Hop
- Intermediate Belly Dancing
- Latin Dancing
- Nia
- Self-Protection/ Defense
- Zumba
- Other \_\_\_\_\_ (Class Name).

Comments/ Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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