

Please complete the entire form

Enrollment

First Name _____ Last Name _____ Birthday _____ Age _____ Gender (M/F) _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Work Phone _____ Type of work _____

How did you hear about us? _____ Email address (Required) _____

Emergency Contact: _____ Emergency Phone _____

If under 18 - Parents Name _____ Contact Phone _____

Employee Benefit Company Name _____

Health

Do you smoke? Y / N Are you pregnant? Y / N

List all injuries and illnesses (both past and present) _____

List all medications you are currently taking _____

Studio Policies

- 1) _____ (Please Initial) I agree that all classes, workshops, camps, programs, and other activities must be paid for on or before the first day of class and that **all fees are non-refundable and non-transferable to other classes or individuals.** I agree that there is a fee of \$40 will be charged to me for any insufficient fund checks or EFT transaction. I agree that if I am utilizing any payment plan option and my credit card is denied or refused I will be charged a \$25 fee per failed transaction. I agree that all classes are on a first-come first-serve basis and that all classes require reservations. Any credits that may be created due to a cancelled class, workshop or events will be held for a maximum of 180 days from the issue date.
- 2) _____ (Please Initial) I agree that it is my responsibility to be aware of my own schedule. If my work, personal activities, illness or injury, etc., cause me to miss a class(es), program(s), workshop(s) or event(s) I will not ask Roxanne's Studio, Inc. to extend or modify any expiration dates for any class, request a make-up class and/or ask for any refunds or credits.
- 3) _____ (Please Initial) I agree that for private or personal training session or private dance lesson, a minimum cancellation notice of 8 hours is required or a \$25 fee will be charged to your account and the private or personal training session is forfeited.
- 4) _____ (Please Initial) I agree that Roxanne's Studio, Inc. reserves the right to ask any client or guest to be quiet, to not disrupt a class, to leave any activity, program, class, and/or service, and/or to permanently remove any client from any purchased activity, program, class, and/or service, if the client or clients guest(s), were to conduct themselves in a manner considered unsuitable to the best interests of the remaining clients and/or guests. I agree the determination of what behavior falls into this category is the sole discretion of Roxanne's Studio, Inc.
- 5) _____ (Please Initial) I agree that Roxanne's Studio, Inc. reserves the right to alter or change any activity, program, class, service and/or any instructor for any activity, program, class, or service that may be offered as well as the associated fees. An example of this would be, but not limited, postponing or canceling any activity, program, class, or service due to insufficient enrollment.

Acceptance

With my signature below, I indicate that I have read and understood all of the Studio policies shown above and agree to comply with them. I further agree that a certain minimum level of physical health, strength, fitness and flexibility is required; that I should consult with a physician before starting or changing any exercise, fitness or dance program; and that I am solely responsible for my health and well being. Further, I completely understand that I assume all responsibility and liability for any and all injuries that I may sustain due to my participation in any activity or service offered by or through Roxanne's Studio, Inc.; that I, my heirs, assignees, guardians, parents, and legal representative will not make any claim against, sue, or attach the property of, any of the hosts, instructors, recommendors, companies, organizers, or participants in any activity or service offered by or through, Roxanne's Studio, Inc. to include, but not limited to: Roxanne Larcher, David Gore and/or Roxanne's Studio, Inc., and its staff, for injury or damage resulting from my participation in any activity or service offered by or through Roxanne's Studio, Inc. I further release all such hosts, instructors, recommendors, company employee benefit programs, organizers, participants, their employees, agents and heirs, guardians, parents, children, and legal representatives now and hereafter from any and all liability for any and all personal injury, illness, loss of or damage to property associated with my participation in any activity or service offered by or through, Roxanne's Studio, Inc. Further, I grant premission to Roxanne's Studio, Inc. to use any photos or video taken as part of a class or program activity in their marketing programs. Further, I grant Roxanne's Studio, Inc. authority to send newsletters and Studio change announcements to my email.

Signature is required of all participants eighteen (18) years of age and older and of a parent or legal guardian for any participant under eighteen (18) years of age.

Signature: _____ Date: _____

For Studio Use

Accepted By _____ Validated By _____ Validated Dt _____