

2011-2012 Youth Ballet Registration Form

Classes held at:

Love 2 Be Fit Studio, LTD
Marchwood Shopping Center
Exton, PA 19341
www.love2befit.net

Please contact Lori Williams at 610.389.5098 or lorilynn.marks@gmail.com with any questions regarding the program, tuition, or class level placement.

<p>Parent's name: _____</p> <p>Email address: _____</p> <p>Home Address: _____ _____</p> <p>Home #: _____</p> <p>Cell #: _____</p> <p>Emergency Contact: _____</p> <p>Emergency Contact #: _____</p> <p>* I give Love 2 Be Fit Studio consent to use my child's photo in print advertisement and/or on their website. ___ Yes ___ No</p>	<p>2011-2012 Session 1 Tuition Payment (Rates are calculated per family)</p> <p>1 Class Per Week...\$117.00</p> <p>2 Classes Per Week...\$117 + \$100 (15% savings on second class)</p> <p>3 Classes Per Week...\$117 + \$100 + \$93 (20% savings on third class)</p> <p>4 Classes Per Week...\$117+\$100+\$93+\$86 (25% savings on fourth class)</p> <p>Please Check one:</p> <p><input type="checkbox"/> 1 Class Tuition Enclosed...\$117.00</p> <p><input type="checkbox"/> 2 Classes Tuition Enclosed...\$217.00</p> <p><input type="checkbox"/> 3 Classes Tuition Enclosed...\$310.00</p> <p><input type="checkbox"/> 4 Classes Tuition Enclosed...\$386.00</p> <p>Check #: _____ Date: _____</p>
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STUDENT #1	STUDENT #2
Name: _____	Name: _____
Age: _____	Age: _____
Birth Date: _____	Birth Date: _____
Class 1:	Class 1:
• Level: _____	• Level: _____
• Day: _____	• Day: _____
• Time: _____	• Time: _____
Class 2:	Class 2:
• Level: _____	• Level: _____
• Day: _____	• Day: _____
• Time: _____	• Time: _____

First session payment, completed registration form and signed waiver must be mailed to the above address by September 5 to secure a spot in the desired class time.

- Classes will be filled based on receipt of registration, waiver and payment. Please enroll promptly to secure your child's space in class.
- Classes begin week of September 12.
- Classes may be combined/adjusted after the first session, due to low attendance/enrollment in any one particular class level/day/time.
- Checks should be made out to: **Love 2 Be Fit studio**
- Class tuition is non-refundable unless a class session is cancelled due to low enrollment.
- Classes cancelled due to inclement weather will be rescheduled.



**Love 2 Be Fit Studio, LTD
Waiver and Release of Liability**

In consideration for being allowed to participate in the personal fitness training program and in consideration of my being able to use Love 2 Be Fit Studio, LTD, I hereby waive, release and covenant not to sue Kristin Boquist, Terri Kessler, Love 2 Be Fit or anyone working for Love 2 Be Fit Studio for all present and future claims resulting from ordinary negligence on the part Kristin Boquist, Terri Kessler, Love 2 Be Fit or anyone working for Love 2 Be Fit Studio for personal injury or death, or from loss, damage, or theft of personal property. This includes all claims arising as a result of using the equipment of Love 2 Be Fit, engaging in any of Love 2 Be Fit Studio's activities or any activities incidental thereto. On behalf of myself, my family, estate, heirs, or assigns, I hereby voluntarily waive all claims resulting from ordinary negligence. Furthermore, I am aware that personal training program activities, as well as health and fitness activities, can range from vigorous cardiovascular activity (example but not limited to, group aerobics, running, walking, cycling, treadmills, steppers) to the strenuous exertion of strength training (example but not limited to, free weights, weight machines). I understand that these and other physical activities with Kristin Boquist, Terri Kessler, Love 2 Be Fit or anyone working for Love 2 Be Fit Studio involve certain inherent risks, including but not limited to death, serious neck and spinal injuries, resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles. My participation is voluntary with full knowledge of such inherent participatory dangers, and I hereby agree to assume any and all inherent risk of property damage, personal injury or death. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the state of Pennsylvania and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further affirm that the venue for any legal proceedings shall be in the state of Pennsylvania. I have read this form and fully understand that by signing this form, I am giving up legal rights and remedies that may be available to me for the ordinary negligence of Kristin Boquist, Terri Kessler, Love 2 Be Fit or anyone working for Love 2 Be Fit Studio.

I, _____, give my child, _____, permission to participate in the Love 2 Be Fit Youth Ballet Program.

I understand and agree to all information stated in the enrollment form. Y/ N

Parent/Guardian Signature: _____ Date: _____