



STUDENT INFORMATION 2004

This information will remain private, and is used to keep DanceWell's records current, for yearly insurance purposes and to help us serve you better... Bring this form to the studio, fax to (503)684-8842 or mail to: POB 230771 Tigard or 97281 Thank you **Required information is Highlighted.**

**HOW DID YOU LEARN ABOUT DANCEWELL?
REFERRED BY A FRIEND:**

(FRIEND?) name

FLYER INTERNET YELLOW PAGES DANCE EVENT FRIEND MAGAZINE NEWS PAPER

SECTION A LEADER INFORMATION

| | | | | | |
|-----------------------------|---------------|---------|------------|-------------|---------|
| DATE: | | NAME | | | |
| ADDRESS | | | | | |
| CITY: | | STATE | | ZIP CODE: | |
| PHONE:(day) | | (eve #) | | (cel/pager) | |
| EMAIL | | | | BIRTHDAY | |
| SEND CLASS CALENDARS BY | (circle one): | MAIL | EMAIL | BOTH | NO MAIL |
| DANCE GOALS | | | | | |
| PREVIOUS DANCE INSTRUCTION? | | | | | |
| PHYSICAL LIMITATIONS | | | | | |
| HOBBIES | | | OCCUPATION | | |

SECTION B FOLLOWER INFORMATION

| | | | | | |
|-----------------------------|---------------|--------|------------|-------------|---------|
| DATE | | NAME | | | |
| ADDRESS | | | | | |
| CITY | | STATE | | ZIP CODE | |
| PHONE (day) | | (eve#) | | (cel/pager) | |
| EMAIL | | | | BIRTHDAY | |
| SEND CLASS CALENDARS BY | (circle one): | EMAIL | MAIL | BOTH | NO MAIL |
| PREVIOUS DANCE INSTRUCTION? | | | | | |
| DANCE GOALS | | | | | |
| PHYSICAL LIMITATIONS | | | | | |
| HOBBIES | | | OCCUPATION | | |

SECTION C ACTIVITY RELEASE FOR 2004

DANCE IS A STRENUOUS EXERCISE. I PROMISE TO TAKE PERSONAL RESPONSIBILITY FOR MYSELF, TO STOP OR TAKE PRECAUTIONS IN ANY ACTIVITY THAT MIGHT JEOPARDIZE MY WELL BEING. I RELEASE DANCEWELL, LINDA SPRINGSTEAD, DANCE CONNECTION STUDIOS, AND TIGARD DANCE CENTER FROM ANY RESPONSIBILITY REGARDING ANY INJURY, WHILE AT THE STUDIO OR DURING ANY OTHER STUDIO FUNCTION, AS I HAVE THE CHOICE TO REFRAIN OR STOP AT ANY TIME.

| | | | |
|------|--|--------|--|
| DATE | | SIGNED | |
| | | SIGNED | |