

The Edge Performing Arts Centre

Yoga Class Registration

Instructor: Caeleigh Harris

Name: _____ Birthdate: _____

Address: _____ Phone: _____

_____ Cell: _____

Which Yoga Class would you like to enroll in? Monday 6:30 – 7:15 PM Tuesday 6:00 – 6:45 AM

Are you currently enrolled in any fitness classes? Yes No

If yes, what classes? _____

What is your current fitness level? Beginner Intermediate Advanced

What fitness programs are/have you used? _____

What are your fitness and nutrition goals? What is your greatest obstacle in obtaining those goals?

Do you have any health concerns or allergies? _____

In case of emergency, who should we contact?

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____



Photo Release Form for Minors (if under 18)

The Edge Performing Arts Centre has my permission to use my child's photograph publicly to promote the dance studio. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature:

Date:

Parent/Guardian's name (please print):

Child's Name:

Phone Number:

Photo Release Form for Adults

The Edge Performing Arts Centre has my permission to use my photograph publicly to promote the dance studio. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Signature:

Date:

Name: (please print):

Phone Number:

The Edge Performing Arts Centre

PO Box 176, 721 Main, Winfield, Kansas 67156

(620) 229-9300

Waiver and Release

I hereby waive all claims for injury, damage, loss or theft to my person and property during my participation in "The Edge Performing Arts Centre" classes, events or any time you are at the Studio and release the promoters, directors, principals, agents and employers of "The Edge Performing Arts Centre" organization from any liability for injury, damage, loss, or theft which may be caused by any act or omission of any of those mentioned. I understand that the purposes of "The Edge Performing Arts Centre" events are to provide performing experience in various forms of fine art. These activities may include workshops, rehearsal sessions, competitions, conventions, and performances by the participants. Photographs, recordings, taping or filming of participants by any and all "The Edge Performing Arts Centre" staff member or members of the press become the property of "The Edge Performing Arts Centre" and may be used for future publicity.

By signing, the undersigned participant, and said participant's parent(s) expressly adopt and agree to be bound by the above waiver and release agreement and / or rules. The signature of the parent or guardian is required as a condition of participation in "The Edge Performing Arts Centre" classes, activities and events.

Dance/Student's Name: *(Please Print)*

Student (if 18 or older) or Parent/Legal Guardian Signature

Date

Owner's Signature

Date

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Authorization for Emergency Care

In the event of an emergency, and I cannot be reached, I,

_____, parent/legal guardian of
_____, hereby authorize any
principal or responsible party employed by the Edge Performing Arts Centre
to initiate appropriate medical care by licensed medical professionals.

Signature of Parent or Legal Guardian

Date

Witness

Date