

NOTE: The Saints' Dance Classes have been shortened to 4 weeks instead of 6.
Class dates/fee changes listed below.

SAINTS REGISTRATION FORM

Student Information-

all information is important and is required for registration.

Student's Full Name: _____ Age: _____ Grade: _____ Date of Birth: _____

Mailing Address (with zip code): _____

Email Address: _____ Phone Number: _____

Parent's Names _____

Emergency Contact (parent's cell phone preferred): _____

Any medications/ medical conditions our staff should be aware of? _____

How did you hear about us? _____

Release of Liability

In exchange for participation in the activity of classes/tryouts/training organized by Expressions Dance Studio ("Expressions") of 520 California Blvd. Suite 10 Napa CA 94559 and/or use of property, facilities, and services of Expressions I agree for myself and the member of my family to the following:

1. I agree to observe and obey all posted rules and warnings and further agree to follow any oral instructions or directions given by Expressions, or the employees, of Expressions.

2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and my family members, and further release Expressions for injury, loss or damage arising out of my family's use of or presence upon the facilities of Expressions, whether caused by the fault of myself, my family, Expressions, or other third parties.

3. I agree to indemnify and defend Expressions against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may arise in any way from my or my family's use of or presence upon the facilities of Expressions.

4. I agree to pay for all damages to the facilities of Expressions caused by my or my family's neglect, reckless, or willful behavior.

5. Any legal or equitable claim that may arise from participation in the above should be resolved under California law.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AS WELL AS THE RULES AND REGULATIONS OF EXPRESSIONS. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Date _____

Parent Signature _____

Class Registration

- **Saints Class: Tuesdays, July 1-July 22** (4 weeks)
- **Age Group:** 5-7 years (5-5:50pm) 8-14 years (6-6:50pm)
- **Payment Information:** \$39 for the 4-week session.
- Please make checks payable to: Expressions Dance Studio.
- Registration form and check can be mailed to Expressions at 520 California Blvd #10 94559.
- You will receive an email confirmation when your registration is received. Thank you!!