

Michele Compa Dance and Exercise Center

Michele Compa, Director

www.michelecompadance.wordpress.com

(718)-549-9635

Registration Form and Fitness Agreement

Print Name (Student) _____

Parent Name _____

Address _____ Apt. _____

City _____ State _____ Zip code _____

Home Phone _____ Business _____

Cell _____ E-mail _____

Class(es) Desired _____

Warranty of Fitness and Agreement to Limitation of Liability

I hereby certify that I am physically capable of participating in this exercise program designed by Michele Compa Dance and Exercise Center. I have no physical disability, impairment, or ailment that would prevent me from engaging in such active or passive dance exercise programs; nor do I have any physical conditions which should detrimentally aggravate.

Furthermore, I agree that I shall participate in classes and use the facilities entirely at my own risk and agree not to hold Michele Compa or any of her employees liable for any injury or damage which may occur to me in the above said class.

I also understand that classes paid for must be taken within the session period. Class monies may not be credited toward future sessions. There are no refunds without an authorized medical excuse.

Signature _____ Date _____