



4942 CHISHOLM ST. DELTA, B.C. V4K 3X2 TEL: 946 8586

REGISTRATION for PILATES & YOGA – 2018/2019

STUDENT NAME: _____

ADDRESS: _____

PHONE NO: (home) (work) _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME AND PHONE: _____

Injury Waiver

I hereby waive any claims to injury or loss to person or property while participating in classes, rehearsals, performances, recitals, or any other Free Flight Dance or The Flow activities or functions. I discharge and save harmless promoters, directors, agents and instructors from any liability for injury, damage or loss of property or person whatsoever, which can be caused by an act or omission of these. **Please initial here** _____

Photography

I hereby grant permission for myself to be photographed by teachers while participating in class or any events associated with Free Flight Dance. I also grant permission for my photograph to be used for promotional material including the Free Flight Website, social media or brochures. By agreeing to this waiver, I hereby state that I am the said participant **Please initial here** _____

CLASS: _____

10 Week Pass (yoga or pilates) - \$110 _____

12 Week Registered Pilates - \$136.00 _____

\$12 DROP IN FEE FOR EITHER CLASS (exact cash please)

www.freeflightdance.com