

ERYX STUDIO CLASS REGISTRY

08-09 RECREATIONAL FORM

Account# _____ (office use only)

Dancer's surname _____ Dancer's first name _____ M ___ F ___

Dancer's birth date _____ Dancer's age (as of December 31 /08) _____

Mother's full name _____ Mother's Cell (____) _____
(if under 18yrs of age)

Father's full name _____ Father's Cell (____) _____
(if under 18yrs of age)

Home phone (____) _____ Emergency phone(____) _____

How did you hear of ERYX STUDIO? _____

Email _____

Allergies/Medical
Conditions _____

(1st Semester September – December), (2nd Semester January- March), (3rd April-June)

Jr- inter-Sr mth \$40/\$120 semester- Adult mth \$48/\$192 semester, Pole –fit \$20 a class \$80 (4 week sessions)

Please read and sign the registration form. It can not be accepted without a signature stating that you have read and understand the conditions of this contract, thank-you.

FOR OFFICE USE ONLY

Registration Fee _____ () class () mth () semester staff initials _____ date _____

Method of payment _____ Cash _____ Cheque _____ Visa _____ M/C

Amount for classes' _____ Monthly _____ Yearly

Other dancers included in this payment: _____

Please make all cheques payable to Eryx Studio.

If 3 cheques are returned, Eryx Studio will no longer accept your cheques and other means of payment will be required immediately.

Please be reminded that no tuition refunds will be given after the beginning of second semester (February). If a dancer drops a class before this time, a full refund will be given as usual.

There will be a \$40.00 charge for all NSF cheques. (Replacement must be cash)

MEMBERSHIP CONTRACT

“You the Member , are aware that there are risks associated with participating in Fitness activities and exercise. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risk, and all possibilities of personal injury, death, property damage or loss to yourself or any other person as a result of your participation in fitness activities. You and your heirs, next of kin, executors, administrators and assigns agree:”

To on the waive all claims, known or unknown, that you have or may have in the future against ERYX STUDIO, including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and the site property owners or lessees(“ERIC ALLEN “);

That ERYX STUDIO is not liable or responsible for any damage to, loss or theft of your property.

To release and forever discharge ERYX STUDIO from liability for any personal injury, death, property damage or loss resulting from your participation in fitness activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of ERYX STUDIO; and to be liable for and to hold harmless and indemnity ERYX STUDIO from all actions, proceedings, claims, damages, costs demands, including court cost on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with your participation in the fitness activities.

PLEASE CONSULT YOUR PHYSICIAN PRIOR TO STARTING AN EXERCISE OR FITNESS PROGRAM, AND PRIOR TO USING THIS FACILITY.

SIGNATURE_____

