



**Registration Form  
For Pilates Classes**

Student Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact Information

Name/Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Medical Conditions / Special Needs

Do you have any medical conditions, are you on special medication, or do you have any special needs we should be aware of? \_\_\_\_\_ If you answered yes, please complete our Physical Activity Readiness Questionnaire (PAR-Q).

How did you hear about us? \_\_\_\_\_

<b>Pilates Class Type</b>	<b>Single Class</b>
Mat (With Us)	\$15.00
Mat (At Your Home)	\$20.00
St. Philips Church	\$10.00

**CoreRageous Dance & Movement  
Registration Form  
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**Menu of Services**

**Classical Pilates**

- **Single Pilates Mat Class - With Us (\$15)**                     \$ \_\_\_\_\_
  - **Single Pilates Mat Class - At Your Home (\$20)**             \$ \_\_\_\_\_
  - **St. Philips Yoga/Pilates Class (\$10)**                         \$ \_\_\_\_\_
- Other** \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL**             \$ \_\_\_\_\_

**Please make check payable to "CoreRageous Dance & Movement" or "CD&M". Cash, Visa and Master Card are accepted.**

**Policies & Agreements**

**Registration.** The undersigned acknowledges that upon CoreRageous Dance & Movement's acceptance of this registration application, named student is enrolled in the class(es) indicated and that the undersigned is responsible for the full amount of tuition for the period(s) enrolled.

**Returned Checks.** Returned checks will be assessed a \$30.00 returned check fee.

**Refund Policy.** No refunds or credits will be given after the first class meeting for missed classes for any reasons except for emergencies, severe illness, or injury.

**Cancellation Policy for Pilates Training.** All mat and apparatus lessons must be cancelled within 24 hours. If 24-hour notice is not given, then you are billed for your lesson. Please note, if you are in a duet lesson, there must be two of you to workout, else the fee for a lesson is charged as a private lesson for that day.

**Photo & Video Release.** The undersigned grants permission to CoreRageous Dance & Movement, during student's enrollment in a dance or fitness class or participation in other CoreRageous Dance & Movement programs, activities, or events, to photograph and/or video the student. CoreRageous Dance & Movement shall be permitted to use the student's name, voice, likeness, and picture in connection with any advertising, publicity, promotional, and/or other marketing activities relating to such student's participation as a student at CoreRageous Dance & Movement, in perpetuity, in all media, whether now existing or hereafter created, including, but not limited to, printed materials, brochures, radio, films, motion pictures, videos, television, and computer on-line media, including web sites. CoreRageous Dance & Movement may exercise the foregoing rights without payment of any fee or other remuneration and without any prior notice to the undersigned. The undersigned acknowledges and agrees that any recordings, photographs, and the like provided for herein shall be owned by and the sole property of CoreRageous Dance & Movement.

**Waiver & Release of All Claims.** I (*print your name*) \_\_\_\_\_, acknowledge that I understand that participation in dance and other activities provided by CoreRageous Dance & Movement, LLC, may result in unavoidable injuries, including, but not limited to, muscle or soft strains, sprains and tears, broken bones, shin splints, heart attack, heat prostration, knee/lower back/foot injuries, any other illness, soreness, and severe injuries such as paralysis or even death from various causes, known or unknown, which include, but are not limited to, the weight of the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks in participating in dance and other activities offered at CoreRageous Dance & Movement.

In consideration for agreeing to permit me to participate in dance or fitness training or other activities offered by CoreRageous Dance & Movement, I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action, or suits of any kind or nature whatsoever, which I have against CoreRageous Dance & Movement, LLC, or its agents, officers, employees, representatives, executors, and/or other acting on their behalf for any injuries suffered or damages as a result of engaging in those activities or training programs offered by CoreRageous Dance & Movement. It is also my intent to release CoreRageous Dance & Movement, Adrienne Rieken, and any agents, officers, employees, representatives, executors, or other acting on their behalf from liability for any injury or damage to me that may occur, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of CoreRageous Dance & Movement or in the future.

Further, in case of accident, injury, or sudden illness, I authorize any first aid or emergency medical care that may become necessary for me while I am at the CoreRageous Dance & Movement facility or otherwise in the care of CoreRageous Dance & Movement staff elsewhere. I authorize that I be transported to a local medical facility. If I am unable to speak for myself, I hereby grant permission for the administration of all medical treatment necessary. I agree to provide health insurance or to guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with CoreRageous Dance & Movement. By executing this document, I hereby assume all risk of injury or loss to which I may be exposed.

(*Please initial* \_\_\_\_\_) My signature at the end of this document, which is provided voluntarily, attests that I have read and understand completely the risk and WAIVER OF LIABILITY described above, and that I agree with the terms presented herein.

I have read all the above Policies & Agreements in their entirety, understand them, and agree to comply with their contents.

Student's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Student's PRINTED Name: \_\_\_\_\_