ROCO DANCE BRING A FRIEND WEEK!

Please fill out this form and bring with you to class

Student Name:	
Student Birthday:	
Parent Name:	
Parent Email:	
Parent Phone Number:	
Class Name & Teacher:	

I understand that registering my child acknowledges that my child is participating in a dance class at RoCo Dance & Studios, Inc located at 237 Shoreline Highway, Mill Valley, CA. I understand that participating in this class may result in accidents and/or injuries. Even though I know that there are risks involved, I still give my approval for my child to participate in any and all activities. I expressly assume all risks and hazards incidental to such participation, and I do hereby waive, release, absolve, indemnify and agree to hold harmless RoCo Dance & Studios, Inc or the staff for any claim arising out of any injury or illness to said participant, regardless of cause.

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(Signature of Parent/Guardian) (Date)