



# REGISTRATION FORM



## *Recreational Step Dance Classes*

*at*

*Farmer Memorial Baptist Church*

*293 South Kingsway Toronto Ontario*

I UNDERSTAND AND AGREE THAT THE STEP DANCE CLUB, INCLUDING MY INSTRUCTORS, WILL NOT BE RESPONSIBLE OR ACCOUNTABLE FOR ANY PERSONAL INJURY, I MAY SUSTAIN, DURING THE 10 WEEK SESSION OF STEP DANCE INSTRUCTIONS OR DEMONSTRATIONS.

PAYMENTS: **IN FULL**  **WEEKLY**

NAME: \_\_\_\_\_

DATE: \_\_/\_\_/\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_