

Class Registration Form

Please fill out all parts of this form and mail with payment for class you are enrolling in to:
Lilla Varese
1733 Monrovia Ave., Suite Y, Costa Mesa, CA 92626
(Checks should be made out to K. L. Varese)

Name _____ E-mail: _____

Day phone: () _____ Eve phone: () _____

Street Address: _____

City _____ State _____ Zip _____

Class start date: ____/____/____ circle one: level I level II level III workshop

Class location address: _____

Previous dance experience:

Where/from whom did you hear of this class?

Month/Year of birth: __/__/__ Any medical conditions? (please list) _____

LIABILITY WAIVER FOR PARTICIPATION IN DANCE CLASSES

I, the undersigned, hereby state that I am in good health and have no physical condition or ailment that should prevent me from participating in dance and/or exercise classes with instructor Lilla Varese. I assume full responsibility for my own health, personal well-being and safety while on the property located at:

_____, and agree to exercise caution and attend to my own safety while on said property. I am aware of the risks of injury involved in engaging in any physical activity, and I willingly participate completely at my own risk.

Signature (if under 18, must be signed by parent or guardian)

Date

*Please note that once you have enrolled there are no refunds, unless another student fills your reserved space prior to the first day of class. Absolutely no refunds after the first day of class. Credit for missed classes must be taken during the same session by attending another group class with instructor permission. Missed classes from the session you are enrolled in do not carry over to a future session.