

KLC \_\_\_\_\_  
INSTRUCTOR \_\_\_\_\_  
OFFICE \_\_\_\_\_



## Trial Class Form

Dancer's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Previous Studio/Dance Experience: \_\_\_\_\_

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

Class/Areas of interest: \_\_\_\_\_

**Trial Class Attending:** \_\_\_\_\_ Date: \_\_\_\_\_

Class Day/Time \_\_\_\_\_ Studio: Acworth or Canton

Instructor \_\_\_\_\_ Dance Style/Level \_\_\_\_\_

WAIVER: I release IMPACT Dance & Performing Arts Center (Impact Dance of Atlanta), KLC Enterprises, Inc., the instructors and staff from any/all claims or liability due to personal injury or loss of property which my child may sustain as a result of participating in any activity connect with IMPACT Dance & Performing Arts Center.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Instructor Use Only:

Instructor Notes/Comments: \_\_\_\_\_

\_\_\_\_\_ Approval for class \_\_\_\_\_

### For Instructor/Office Use Only:

Instructor Follow Up by \_\_\_\_\_ on \_\_\_\_\_ Office Follow Up by \_\_\_\_\_ on \_\_\_\_\_

Date registration complete: \_\_\_\_\_ If not registering, why? \_\_\_\_\_

Notes: \_\_\_\_\_