



## Trial Class Form

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

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Email \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

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

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

Class Day/Time \_\_\_\_\_ Studio \_\_\_\_\_

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

WAIVER: I release Impact Dance of Atlanta ,LLC, it's owners, 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 connected with Impact Dance of Atlanta.

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

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### For Instructor Use Only:

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

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