

YOGA AND WEIGHTLOSS New Year/New You REGISTRATION FORM

Contact Information

NAME

EMAIL ADDRESS

HOME ADDRESS

CITY/STATE/ZIP

PREFERRED PHONE NUMBER

Emergency Information

NAME AND NUMBER to call in case of emergency

Please Specify any medical conditions:

- Medical Allergies
Food Allergies
Other (please explain)

List all medications:

Release Forms

EMERGENCY CONSENT:

I understand that participation in dance and/or wellness class involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my participation in dance and/or wellness classes. I understand that participation is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release LDT, all employees, volunteers, and related parties associated from any and all claims or liability arising out of participation. In case of an emergency where I am unable to decide for myself, I hereby give my permission to lustigdance theatre (LDT) to administer first aid and/or seek emergency medical treatment for me.

EMERGENCY CONSENT SIGNATURE AND DATE

CONTACT CONSENT:

I am aware that dance and/or wellness class is a physical activity which requires touch and hands-on correction from teacher to student to reinforce proper alignment and positioning of the body. I give my permission for instructional contact to be made as a part of my training. If this contact is uncomfortable to me, I will immediately advise LDT.

CONTACT CONSENT SIGNATURE AND DATE

PUBLICITY RELEASE:

I hereby give permission to lustigdance theatre (LDT) to take photographs, film, or videos of me. I consent to the use of my name for any promotional purposes by LDT or LDT's Dance and Wellness Studio. This use includes, but is not limited to, brochures, postcards, publicity, and LDT's website.

PUBLICITY CONSENT SIGNATURE AND DATE

lustig**dance**theatre Dance and Wellness Studio

80 Albany Street • 2nd Floor New Brunswick, NJ 08901 (p) 732-246-7300 (f) 732-246-7399 www.lustigdancetheatre.org

Credit Card Information

CARDHOLDER NAME

CARD NUMBER—Visa and MasterCard ONLY please

EXP DATE

CID

CARDHOLDER SIGNATURE AND DATE

YOGA AND WEIGHTLOSS SEMINAR

Amount: _____

\$100 per person:

Seminar occurs on the following 6 Fridays 5:30-7:00PM

January : 20, 27, 2012

February: 3, 10, 17, 24, 2012

Registration fee is non-refundable

lustig**dance**theatre, inc. is a recognized 501(c)(3)non-profit organization

Please consider supporting lustig**dance**theatre by making a tax deductible donation with your registration payment:

- | | | |
|--|---|--|
| <input type="checkbox"/> Benefactor \$2,500 | <input type="checkbox"/> Humanitarian \$1,000-\$2,499 | <input type="checkbox"/> Patron \$750-\$999 |
| <input type="checkbox"/> Sponsor \$500-\$749 | <input type="checkbox"/> Contributor \$250-\$499 | <input type="checkbox"/> Supporter \$101-\$249 |
| <input type="checkbox"/> Friend \$ 100—under | | |

Name is you would like to be recognized: _____

Donation Amount \$ _____