

FITNESS PROGRAM REGISTRATION

Dancensations, Inc.

Dance Center
7572 Telegraph Road (Hayfield Shopping Center)
Alexandria, Virginia 22315 (703) 719-9315

Date: _____

Name: _____ Phone: _____

Address: _____ City/State: _____ Zip Code: _____

Email Address: _____ Birth Date: _____

PAYMENT INFORMATION: Please make checks payable to Dancensations Dance Center. Each session is 2 months long and starts on the 1st day of each month. Payment is due the first week of each session.

New clients may join at any time. A \$10 late fee will be assessed to the account if payment is not received by the end of the first week. (\$5 late fee each additional week).

\$160.00	2 classes per week
\$120.00	1 class per week
\$20.00	Single "Drop in" Class

Show Group family members receive a 10% discount on combined enrollment!

CLASS INFORMATION:

Pricing effective Sept. 1, 2007

Please feel free to contact Judith Díaz Myers with any questions. (703) 986-0111.

Tuesday	Thursday
7:30-8:30 p.m. MAT Pilates/Yoga	7:30-8:30 p.m. MAT Pilates/Yoga

I hereby affirm that I am in good physical condition. I acknowledge that the exercise classes I participate in at Dancensations Dance Center involve physical activity and therefore carry the risk of injury. I hereby release Dancensations Dance Center and its directors and instructors from any and all liability, including but not limited to, negligence or breach of contract, arising from or related to, my participation in the exercise program(s) offered by Dancensations Dance Center. It is recommended that people over the age of 35 and those who have not recently been involved in an exercise program, undergo a complete physical examination before participating in this or any exercise program. If you are pregnant or become pregnant during the session, you must complete a Medical Permission Form before participating in classes. See your instructor for a form. If you become pregnant during the session, it is your responsibility to inform Dancensations Dance Center.

Signature: _____

Date: _____

Health Screening Form

GENERAL HEALTH INFORMATION

What is your present state of health? _____

Physician's Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Are you now or have you been pregnant within the last 3 months?	YES	NO
Does your physician know that you are participating in a dance-exercise program?	YES	NO
Are you presently taking any medication?	YES	NO

Medications: _____

SPECIFIC HEALTH CONDITIONS: Do you have now or have you had within the past year:

History of heart problems?	YES	NO
High blood pressure?	YES	NO
Difficulty with physical exercise?	YES	NO
Knee problems?	YES	NO
Back problems?	YES	NO
Chronic illness?	YES	NO
Advice from a physician not to exercise?	YES	NO
Muscle, joint, or back disorder that could be aggravated by physical exercise?	YES	NO
Recent surgery (within 6 months)?	YES	NO
Recent chemotherapy or radiation treatments (within 12 months)?	YES	NO
History of lung problems?	YES	NO
Diabetes?	YES	NO
Cigarette smoking?	YES	NO
High blood cholesterol?	YES	NO
History of heart problems in immediate family?	YES	NO
Obesity (more than 20% over ideal weight)?	YES	NO

Any **YES** answers, please give a brief explanation and/or description: _____
