



## Adult Registration/Medical Release Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Circle One: Resident      Part-time Resident      Visitor      Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Second Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Class/es Interested In: \_\_\_\_\_

Dance/Sports Background: \_\_\_\_\_

Any health, medical, or physical problems/conditions? If yes, please explain: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency contact - Name: \_\_\_\_\_

Phone: \_\_\_\_\_

\* \* \*

THE TELLURIDE DANCE ACADEMY & MOVEMENT CENTER IS NOT RESPONSIBLE FOR INJURIES ON THE PREMISES. By signing below, I acknowledge that dance, like any physical activity, can result in injury and therefore, I will not hold the Telluride Dance Academy & Movement Center, associated staff, and/or Board members liable for injuries incurred during class or on the premises.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**Return form with payment first day of class or mail to:**  
Telluride Dance Academy & Movement Center  
291 Rio Vista Road, Unit 101 Telluride, CO 81435