



# FUNKSTERS TRAINING CLASS REGISTRATION FORM

NAME:	EMAIL:
ADDRESS:	BIRTHDAY:
CITY, STATE, ZIP	PHONE #:

Location:

**San Francisco**

City Dance

10 Colton Street (Enter on Brady)

San Francisco, CA 94103

Details:

- Rehearsals held every Sunday from 5:30-7pm

- Instructor: **Krystle Pascua, Funksters Artistic Director**

- Start Date: November 1, 2009

- Monthly Tuition: \$50/month (or \$15 for a single class)

1. **Today's Date:**

2. **Please list any previous dance training/experience that you have.**

3. **Would you like to order a discounted Funkanometry SF "Monkey" T-shirt?** Shirts normally cost \$25, but Funkbrella students get a discount on their first Funks t-shirt.  Yes  No



- If yes, what size? (*Shirts are unisex American Apparel*)

XS

Small

Medium

Large (sold out)

XL-sold out

4. **Payment included with registration:**

\$50 nonrefundable deposit

\$20 T-shirt

**TOTAL INCLUDED = \$**

Please make checks payable to  
**'Funkanometry SF'**.

Mail forms to:  
Funkanometry SF  
99 Colton Street  
San Francisco, CA 94103

*Or bring on the first day of class.*

**\*Do not write in this box.**

**FOR OFFICE USE ONLY:**

Paid amount of \$ \_\_\_\_\_

Cash

Check # \_\_\_\_\_

Emailed confirmation

Questions or still need more info?

Email [weejay@funkbrella.com](mailto:weejay@funkbrella.com).



# FUNKANOMETRY SF DANCE COMPANY WAIVER FORM

1. In consideration for receiving permission to participate in FUNKANOMETRY SF FUNKSTERS TRAINING CLASS (herein referred to as ACTIVITY), which is sponsored by FUNKANOMETRY SF (herein referred to as SPONSOR), I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes SPONSOR (FUNKANOMETRY) and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises owned or leased by RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

2. I am fully aware that there are inherent risks involved with the ACTIVITY and I choose to voluntarily participate in said ACTIVITY with full knowledge that said ACTIVITY may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said activity. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity.

3. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of California.

5. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

**All information is REQUIRED.**

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **AGE:** \_\_\_\_\_

**MEDICAL CONDITIONS:**       Yes       No

If yes, please list below:

\_\_\_\_\_  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER:** (        ) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**PHONE NUMBER:** (        ) \_\_\_\_\_ - \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent/Legal Guardian SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(If participant is under 18 years old)*