

## **SUMMER 2025 REGISTRATION FORM**

Name:			
	Please Print		
Mailing Address:	Street Addr	rocc	
	Street Address		
	City	Postal Code	
Phone Number:			
Email Address:			
and Mary-Ellen Schick personally description arising as a result of month's written notice of withdronsent of a parent or guardian v from MS <sup>2</sup> Dance & Fitness regardany time. I agree that I am assun all health risks and adverse healt MS <sup>2</sup> Dance & Fitness classes.	rticipant, I agree to indemnify and hold harmless MS <sup>2</sup> y, its agents or employees for any and all claims for of my engaging in physical activity conducted by MS <sup>2</sup> rawal from any session. If the participant is not 18 yewho will also read, understand and agree to the above ding news, class updates, promotions and upcoming soning on my own behalf and, if signing on behalf of a ph related consequences, including COVID-19 related related consequences.	damages or injuries of any kind, nature or Dance & Fitness. I also agree to give one ears of age or older, he/she must have the eterms. I agree to receive communications essions. You can withdraw your consent at participant under 18 years, on their behalf, risks, caused by or arising from engaging in	
Participant or Parent/Guar	rdian Signature	Date	

Please complete Registration Form and email to <a href="mailto:info@MS2DanceandFitness.ca">info@MS2DanceandFitness.ca</a>

This Section to be Filled Out by MS <sup>2</sup> Dance & Fitness				
	Summer Classes	Summer 2025		
Wednesday	8	\$150		
Drop In 5 classes (only available through prior arrangement)	5	\$100		
Trial Class (only available through prior arrangement)	1	\$20		
Method of Payment	ONLINE	ONLINE		
Amount Paid				
Date Paid				
Receipt/Confirmation #				