

FRIENDS OF ALA WAI BALLROOM DANCE ACADEMY

REGISTRATION FORM

Student #1

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ PHONE 2 _____ EMAIL _____

Student #2

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ PHONE 2 _____ EMAIL _____

<u>1st Quarter, January</u>			<u>2nd Quarter, April</u>		
	Single	Couple		Single	Couple
Rumba Beginning	[] \$5	[] \$10	Cha Cha Beginning	[] \$5	[] \$10
Tango Begin/Inter	[] \$5	[] \$10	Q-Step Begin/Inter	[] \$5	[] \$10
Samba Inter/Advanced	[] \$5	[] \$10	Rumba Inter/Advanced	[] \$5	[] \$10
Annual Dues ends 12/31	[] \$5	[] \$10	Annual Dues ends 12/31	[] \$5	[] \$10
Late Fee	[] \$5	[] \$10	Late Fee	[] \$5	[] \$10
TOTAL AMOUNT DUE	\$ _____	\$ _____	TOTAL AMOUNT DUE	\$ _____	\$ _____
Notes _____			Notes _____		

<u>3rd Quarter, July</u>			<u>4th Quarter, October</u>		
	Single	Couple		Single	Couple
Jive Beginning	[] \$5	[] \$10	Samba Beginning	[] \$5	[] \$10
Fox Trot Begin/Inter	[] \$5	[] \$10	Waltz Begin/Inter	[] \$5	[] \$10
Cha Cha Inter/Advanced	[] \$5	[] \$10	Jive Inter/Advanced	[] \$5	[] \$10
Annual Dues Ends 12/31	[] \$5	[] \$10	Annual Dues Ends 12/31	[] \$5	[] \$10
Late Fee	[] \$5	[] \$10	Late Fee	[] \$5	[] \$10
TOTAL AMOUNT DUE	\$ _____	\$ _____	TOTAL AMOUNT DUE	\$ _____	\$ _____
Notes _____			Notes _____		

For, and in consideration of the foregoing, I/we hereby assume the risk for any injuries and any loss of property that I/we may sustain while receiving such instructions and participating in such activities and while on the premises of the indicated governmental agency while receiving such instructions and participating in such activities and so hereby remise, release, and forever discharge and promise to hold harmless Friends of Ala Wai Ballroom Dance Academy, the indicated governmental agency, and their respective officers, employees, and agents, from any action, suits, damages, claims or judgments that may result from any personal injury (physical or emotional) or loss of property that I/we may sustain while receiving such instructions or participating in such activities in facilities, buildings, parking areas, and rooms described above.

This release is binding on me/us and on my/our heirs and personal representatives and is valid for all instructions that I/we receive and described activities I/we participate in during the membership year indicated below.

Signatures:

Student #1 _____ Date _____ Student #2 _____ Date _____

~ SORRY NO REFUNDS, NON TRANSFERABLE ~