



EDMONTON, AB., T5G 2L6
 PHONE: 780.554.7375 E-MAIL: kapstudio@gmail.com

CUSTOMER INFORMATION
(PLEASE PRINT)

CLASS – 6 Week Session <input type="checkbox"/> Stretch \$60 <input type="checkbox"/> Zumba <input type="checkbox"/> Other		STUDIO LOCATION		SESSION BEGIN DATE (d/MMM/yy)
APPLICANT'S FIRST NAME			APPLICANT'S LAST NAME	
PARENT OR GUARDIAN FIRST NAME (if under 18 years)			PARENT OR GUARDIAN LAST NAME (if under 18 years)	
MAILING ADDRESS				
CITY		PROVINCE	POSTAL CODE	PHONE NUMBER (include area code)
BIRTHDATE (d/MMM/yy)	AGE	E-MAIL ADDRESS		
MEDICAL HISTORY (injuries, asthma, allergies, etc.)				
EMERGENCY CONTACT			PHONE NUMBER (include area code)	

WAIVER / RELEASE

I _____, hereby make application to participate in a fitness program offered at KAP Studio. Upon acceptance, I sincerely pledge to obey all facility rules and regulations, which were formulated for the purpose of keeping order in the studio for the protection of pupils from injury. I further acknowledge and understand that a risk of personal injury is involved that requires my strict adherence to these rules and regulations and to the Instructor's discipline.

In consideration of accepting my application and a further consideration of the session fees required by the rules and regulations for the participation in the facility's activities, I, my heirs, executors, and administrators do hereby forever release, remise and discharge KAP Studio, its Owners, Instructors, Members, and authorized guests from all responsibilities and claims for injury which I may receive while participating in a fitness program which may include, but is not limited to Stretch, Zumba, or any other fitness related activity at the facility, and the parent or guardian of the applicant hereby requests that this application be accepted, and in consideration of this acceptance and the monies paid aforesaid, hereby agrees to indemnify its Owners, Instructors, Members, and authorized guests, of and from all manner of claims made by or on behalf of the Applicant.

I have read and understand the aforementioned Waiver and Release and agree to adhere to the Instructor's discipline.

DATE (d/MMM/yy)	APPLICANT'S SIGNATURE	PARENT/GUARDIAN SIGNATURE
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FOR OFFICE USE ONLY

NOTES

*METHOD OF PAYMENT <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Cheque #	AMOUNT PAID \$
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***NOTE: PAYMENT IS NON-REFUNDABLE**