



RICHARD E. WORKMAN
Sports & Wellness
Complex

ADULT DANCE WITH RACHEL ANDERSON

Participant Name _____ Age _____

Street Address _____

City _____ Zip _____ Daytime Phone _____

Email Address _____

I _____ have enrolled in a program of strenuous physical activity, offered by The Workman Sports & Wellness Complex. I hereby affirm that I am, or the above person is in good physical condition and does not suffer from any disability that would prevent or limit participation in this Youth program. In consideration of myself, my heirs and assigns, hereby release by the Workman Sports & Wellness Complex from any claims, demands, and causes of action arising from my or the above named person's participation in any of the above stated programs, and I hereby release The Workman Sports & Wellness Complex, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back, or foot injuries and any other illness, soreness or injury however caused occurring before, during or after participation in any other of the above stated programs offered at The Workman Sports & Wellness Complex or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented, or organized by The Workman Sports & Wellness Complex, for any reason. I agree that my child's picture or likeness can be represented and published by The Workman Sports & Wellness Complex. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Signature _____ Date _____

DATES: 6 Week Session January 3rd - February 8th

CLASS: Please circle one

Intermediate/Advance: Mondays 6:15 – 7:15 pm

Beginner (no dance experience): Tuesday 6:15 – 7:15 pm

FEE:

Member: 60.00

Non-Member: 90.00

***Incorporates ballet and jazz basics in a laid-back yet professional environment. Improve your posture, flexibility, balance, strength, coordination all while having fun!**

*** Class is capped at 20. Registration is on a first come, first serve basis.**

***Payment is due at the time of registration**

***To register:**

Stop by the front desk

Call 217-342-3481

Email: lritter@workmansportscomplex.com

For Office Use Only

Payment Method: Cash _____ Check _____ Credit Card _____ Amount _____

Date Paid _____ Employee Name _____