



Bring a Friend to Dance & Trial Class Form

This form must be completed by all “visiting” dancers.

Please call ahead to reserve your place in class. Miss Tami 720-318-6220

Questions: joyfulsolesdance@live.com

Today’s Date: _____ My student would like to attend: _____

How did you hear about Joyful Soles? _____

Your name: _____ Your Birthday: _____

Parents’ name: _____ Phone: _____

Email address: _____ Known medical conditions: _____

Medical Release

If you, your student or a family member is involved in a Joyful Soles Dance class, activity or outreach you are hereby advised that our organization does not carry Workman’s Compensation Insurance for participants, volunteers or family members. If you, your student or a family member should suffer an injury at our studio, participating in our classes, activities or outreaches, you will be personally responsible for all medical or injury related expenses.

I give permission for my student, _____ to participate in classes, activities and outreaches at Joyful Soles Dance. I also give permission to the instructor or designated adult supervisor in charge to secure emergency medical treatment for the student named above. I also agree to hold Joyful Soles Dance, and/or their assignees harmless in the event of an injury or accident.

Parent/Guardian Signature _____ Date: _____