



Nancy Katchen, Instructor
(908) 872 - 9909

Nancy Lenahan, Instructor
(908) 217 - 6053

VibeZ Dance Fitness, LLC
VibeZDanceFitness@gmail.com



Child's Name: _____ Date of Birth: _____

Parent/Guardian (completing this form): _____ Email: _____

Emergency Contact Name and Phone #:1) _____

2) _____

Please list any medical/physical concerns that the instructor should be aware of during your child's participation in the Zumba program: _____

Payment Enclosed: \$85.00 Check # _____ (Refunds not available once program begins)

Liability Waiver:

I, the undersigned, being aware of my child's health and physical condition, and having knowledge that participation in any exercise program may be injurious, am allowing participating in physical activity with the aforementioned Zumba® Instructor.

Having such knowledge, I hereby release this Zumba® Instructor from liability for accidental injury or illness which may incur as a result of participating in the said physical activity. I hereby assume all risks and consent to my child's participation in the said program.

I agree to disclose any physical limitations, disabilities, ailments or impairments, which may affect my child's participation in said fitness/dance program.

I understand that photos and videos of parts of this program will be taken and used for marketing and media purposes, and allow these to be used without personal identifiable information.

Signature (date)