



Dance your way to soaring heights!



AERODANCE

Creative learning school of dance

www.aerodanceonline.com



Application Form

- Full Name of the student: _____
- Name of the Parent/Guardian _____
- Age: _____ DOB: _____ Gender: _____
- Address: _____

- Prior Experience: _____
- Home Phone: _____ Work Phone: _____
- Mobile Phone: _____ Email Address: _____
- How did you learn about Aerodance: _____



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WAIVER AND RELEASE OF LIABILITY

I (WE) hereby certify that to the best of my (our) knowledge I (we) am (are) in good health. I (WE) understand that dancing is a social and physical activity during which one may get tired, fatigued and/or risk physical injury to/from self or dance partners.

I (WE) do hereby for myself, my (our) heirs, executors and administrators, remise, release and forever discharge Ranjani Manda and Aerodance, their officers and/or agents acting officially or otherwise, from any or all claims, demands, actions or causes of action on account of referred.

Student's Name: _____

Signed: _____

******Parents/Guardians signature required for students under the age of 18**

Parent/Guardian's name: _____

Parent/Guardian's Relationship with the Student: _____

Parent/Guardian's Signature: _____

Address: _____

Telephone Number: _____

Aerodance

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