



BUSY BODIES
STUDIO, LLC
 12 HIGH STREET
 WAKEFIELD, RI 02879

Feel free to call us at: 401-789-5900

PLEASE PRINT

REGISTRATION

Today's Date _____
 Name _____
 Nick Name _____ D.O.B _____
 Mother's Name _____
 Father's Name _____
 Address _____
 City _____ Zip _____
 Phone (h) _____ (w) _____
 Cell Phone _____
 e-mail _____
 In an emergency, please contact (other than parent):
 Name _____
 Phone _____ Cell Phone _____
 How did you hear about Busy Bodies Studio?

Class Name _____ M T W Th F S Time _____ AM/PM
 Class Name _____ M T W Th F S Time _____ AM/PM
 Class Name _____ M T W Th F S Time _____ AM/PM

Returned Check Fee: There will be a \$25.00 fee for all returned checks.
Annual Registration Fee and Tuition: Busy Bodies Studio Annual Family Registration Fee of \$30.00 is due upon initial registration and is non-refundable. Tuition is for one class per week in each session and is non-refundable.

Family Registration Fee	\$30.00
Class Fee	\$ _____
2nd Class w/discount or Sibling Discount if applicable	\$ _____
3rd Class w/discount if applicable	\$ _____
Pilates card	\$ _____
TOTAL DUE UPON REGISTRATION	\$ _____

Date _____ Credit Card _____ Check # _____ Cash _____ By _____
 Credit Card # _____ Expiration Date ____/____
 Signature _____

LIABILITY WAIVER

Waiver of Liability and Assumption of Risk

PLEASE READ CAREFULLY

My minor child(ren) is/are attending Busy Bodies Studio, LLC and I fully recognize the fact that there is inherent risk in this type of activity and the use of its associated equipment.

In recognition of the inherent risk of this activity, I confirm that my minor child(ren) is/are physically and mentally capable of participating in the activity and/or using the equipment. I am willingly and voluntarily allowing my minor child(ren) to participate and I assume all responsibility for personal injury and accidents, including death, and any expenses as a result thereof.

I also assume responsibility for damage to or loss of personal property as a result of any accident that may occur.

I hereby waive any and all claims which I or my heirs, executors, successors or assigns may have against Busy Bodies Studio, LLC for any and all personal injuries, accidents, illnesses or death.

I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance, or in its absence, agree to pay all costs of medical services as may be incurred on my child's behalf.

I have read and understand the foregoing acknowledgment of risk and assumption of risk and responsibility and understand that I have waived all claims against Busy Bodies Studio, LLC.

Date: _____

Signature: _____

I authorize the use of my photo or that of my child(ren) to be used for promotional material.