



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

Feel free to copy this form or download from www.busbodiesstudio.com
 For multiple children, please fill out and mail in one sheet per child or
 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/diskont or Sibling Diskont if applicable.....	\$ _____
3rd Class w/diskont if applicable.....	\$ _____
Pilates Class \$90.00 10 class 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.