



Trial Class Form

Dancer's Name _____ Today's Date _____

Parent's Name _____ Phone _____

Parent's Email _____

Home Address _____

Previous Studio/Dance Experience: _____

How did you hear about Impact? _____

Class/Areas of interest: _____

Trial Class Attending: _____ Date: _____

Class Day/Time _____ Studio _____

Instructor _____ Dance Style/Level _____

WAIVER: I release Impact Dance of Atlanta ,LLC, it's owners, the instructors and staff from any/all claims or liability due to personal injury or loss of property which my child may sustain as a result of participating in any activity connected with Impact Dance of Atlanta.

Parent Signature _____ Date: _____

For Instructor Use Only:

Instructor Notes/Comments: _____

_____ Approval for class _____