

Membership Number:

The Dance Mill Zumba Fitness Membership Application



name:	Date Of Birth:
Address:	Town: Postcode:
Home Phone:	Mobile Phone:
Email Address:	
Emergency Contact Name:	Emergency Contact Number:
Please tick Membership required:	
Bronze Pay-as-U-Go. Loyalty card get the 10th class fre £5.00 per class	ee. (No time limit) (£45:00 for 10 classes)
Silver Direct Debit of £30:00 per month. 8 Zumba clas £3.75 per class. Additional classes during the	ses per month. (Cannot be carried over to next month) same calendar month charged at £3.75.
Gold Direct Debit of £42:00 per month. 12 Zumba cla £3.50 per class. Additional classes during the	asses per month. (Cannot be carried over to next month) same calendar month charged at £3.50.
Deposit of 1 month in advance required. (Cash or Cheque payable to The Dance Mill)	
Silver and Gold Membership: As part of your membership yo booked for the duration of your membership. You will be require	u are guaranteed the class times you request and these will be pre- ed to sign in prior to every Zumba Fitness Class attended.
	for a minimum period of 3 months. Thereafter, you can cancel your The Dance Mill. All members will be issued with a receipt and must
L	iability
I, the undersigned, hereby expressly and affirmatively state that I wish to participate in the Zumba dance fitness classes offered. It realize that my participation in this activity involves risks of injury, including but not limited to muscle strain, joint sprains, broken bones, slips, trips, falls, heart attack, stroke, and even the possibility of death. I also recognize that there are many other risks of injury including serious disabling injuries, which may arise due to my participation in this activity, and that it is not possible to specifically list each and every possible injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even the risk of death, which could occur by reason of my participation.	
death due to my participation. I do hereby waive, release, and the representatives from any and all responsibilities or liability for its signing this document I acknowledge that I have no serious me	oluntarily choose to participate, assuming all risks of injury or even forever discharge The Dance Mill, their employees and njuries or damages resulting from my participation in this activity. By edical condition that I am aware of. If I have chosen not to obtain a t The Dance Mill, I hereby agree that I am doing so at my own risk.
acknowledge and agree that no warranties or representations had program. I understand that results are individual and may vary.	liability. By signing this document, I am waiving any right I or my
Signature:	
Date:	