



NDI New Mexico at The Dance Barns

Adult Registration Form

How did you hear about us? _____

NAME First _____ Last _____
Street Address _____
City _____ State _____ Zip _____
Home # _____ Cell# _____ Work _____
Email _____

Emergency Contacts (Please provide at least two)

Name First _____ Last _____ Relation _____ Phone _____

Name First _____ Last _____ Relation _____ Phone _____

Medical Information

Health Plan/Insurance _____ Policy Number _____

Please specify, in detail, any allergies/medical conditions (including behavioral/learning-related) NDI should know about:

Allergy Information: _____

Medications: _____

I understand that I am bringing my personal belongings to The Dance Barns at my own risk. **Initials** _____

I acknowledge that I am responsible for my actions and release NDI New Mexico from all claims and liabilities that arise in connection with NDI New Mexico programs. **Initials** _____

I understand and agree to abide by NDI New Mexico's tuition payment and refund policies. **Initials** _____

NDI New Mexico teachers use visual cues and hands-on adjustments during class. I understand that physical contact during class is appropriate and limited. **Initials** _____

MEDICAL AND MEDIA RELEASE (Adult)

- I authorize the making and use of any films, photographs, or other recordings of these activities for any purposes, profit or otherwise, that NDI New Mexico may make or authorize to be made without compensation to me.
- I understand that NDI New Mexico cannot guarantee against the possibility of accident or illness involving myself. I hereby waive and release, on behalf of myself, any claim that might be made against NDI New Mexico, its directors, officers, employees and agents in connection with any injury or illness I may incur.
- I represent that I have no medical condition other than noted on the registration form that would prohibit participation.
- This release is given in partial consideration of my participation in the NDI New Mexico program.

I represent to NDI New Mexico that I am authorized to sign and deliver this release, and that I choose to participate in NDI New Mexico Programs.

Date Signature Print name