

Zumba Fitness Class with Michelle Cabral Registration

***Please note:** Pre re-registration for certain classes may be required. Alternate drop in fee is available at most locations.

*Please check: www.MichelleCZumba.com for any schedule changes due to weather etc., or contact Michelle at 410-903-8184

*Upon registration/participation in class, I agree to the waiver/
Liability form regarding my participation or as the responsible
Party of my participating minor.

*Please arrive 5 min. before class

*Please sign up online at: www.MichelleCZumba.com
or send your payment with registration to:
P.O. Box 1
1031 Benfield Blvd
Millersville, Md. 21108

*Please make checks payable to: Michelle Cabral

PLEASE COMPLETE FORM (Please Print & sign below)

Adult Participant or Parent/Guardian:

Last Name: _____ First name: _____

Age (optional): _____ E-mail: _____

Address: _____ Home Phone: _____

City: _____ Zip _____ Cell Phone: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____ Cell: _____

If under 18 years of age:

Participant Last Name: _____ First name: _____

Payment Information:

Free Trial: _____ **Monday, Wednesday, and Saturdays:** (Class passes/drop in are available):

Drop In: \$7. _____ 5 Class Pass: \$25.00 _____ 11 Class Pass (1free): \$50. _____ 17 Class Pass (2 free) \$75 _____

Tues./Thurs. (Apolo's) 12classes/6weeks: (Pre-registration/ Pro-rated after start date/drop in available) *Please see site for start dates

Pre-Register - 12 classes (best rate): \$60. _____ Pre-register - 6 classes: \$36 _____ Pro-rated @ \$7.per class after start date _____

Drop In: \$7. _____

*Please sign up online at: www.MichelleCZumba.com Or send your payment with registration to: P.O. Box 1, 1031 Benfield Blvd, Millersville, Md. 21108

*Please make checks payable for all classes to: Michelle Cabral

Total Amount Paid: \$ _____

WAIVER

Participants Name _____ Date _____

E-mail (optional) _____

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in Zumba exercise class at _____. I realize that my participation in this activity involves risk of injury. I hereby expressly assume all of the delineated risk of injury and all other possible risk of injury which could occur by reason of my participation. I do hereby waive, release, and forever discharge all employees, representatives and all others from any and all responsibility or liability for injury or damage resulting from my participation in this activity.

Signature: _____

Optional Information:

How did you hear about Zumba? _____ Any suggestions or comments: _____