



DANCE LESSONS AUTHORIZATION FORM

\$35.00 Registration Fee Per Student and \$15.00 Per Each Additional Family Member
(Non-Refundable)

Date: _____

Child's Name: _____ D.O.B _____ Age _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

I authorize Caughlin Club Management Partners, LLC to automatically charge my account stated below for monthly Dance Lessons at the beginning of each Month (Between the 1st & 15th). I understand there is a **30 Day** written notice from the next bill date (1st of the month) required to cancel Dance Lessons. I agree to waive & hold harmless, Caughlin Athletic Club, its associated entities and staff from injury while participating in the programs. **(Please Initial)** _____

I authorize Caughlin Club Management Partners, LLC to use any photos or video images or likeness without payment for marketing or promotional purposes. **(Please Initial)** _____

Payment Method: Visa _____ MasterCard _____

Credit Card #: _____

Exp. Date: _____ Address: _____

City: _____ Zip: _____

Parent Name (Please Print)

Parent Signature

Phone #: _____ Email Address: _____