



**REGISTRATION FORM**

Please send this form with your payment to the Stiletto Gym, 862 SW Blue Parkway, Lee's Summit, Missouri 64063. You may wish to email your completed form to [fimbwellness@yahoo.com](mailto:fimbwellness@yahoo.com), you can also make payment via PayPal, we will send you an invoice

Your Name \_\_\_\_\_

Please complete the information below if you are **NOT** in our database or if your contact information has changed.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Cell-phone \_\_\_\_\_ email \_\_\_\_\_

Occupation, vocation or profession: \_\_\_\_\_

Female Male Birthday: \_\_\_\_\_ (We do not discriminate on the basis of sex or age.)

How did you find out about us? \_\_\_\_\_

Please list workshops you plan to attend:

\_\_\_\_\_ Dates: \_\_\_\_\_ Fee: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_ Fee: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_ Fee: \_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

Number of years practicing teaching fitness or dance \_\_\_\_\_

Are you a fitness instructor? Yes No dance instructor? Yes No

Style : \_\_\_\_\_

Describe your present state of health: \_\_\_\_\_

Please list any physical or mental conditions that your instructor should be aware of. (Use back of page if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge and that I will not hold fimb yoga & wellness center DBA the Stiletto Gym or my instructor liable for any mishaps arising from my participation in dance fitness class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

