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Active Arts Waiver

Please note: all of the information on this form is kept confidential

REGISTRANT DETAILS:

Name: _____

Age:

Name of Guardian (if under the ages of 18):

Address: _____

Email:

I would like to be emailed NEWS/SCHEDULE UPDATES/CHANGES YES___ NO___

Phone:

Emergency contact/phone# _____

Medical Concerns:

I have: Allergy Knee Issues Back Issues Asthma

Other limitations/injuries _____

If at any time during the class, you feel discomfort or strain, please excuse yourself off to the side. You may rest at any time during the class. It is important that YOU LISTEN TO YOUR BODY and respect its limits on any given day.

I, the undersigned, understand that movement is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity or program with Active Arts. I recognize that it is my responsibility to notify the instructor of any serious illness or injury before class. I will not perform any movement to the extent of strain or pain. I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages, to person or property, resulting from participating in the class.

Those under 18 years of age must have this form signed by a parent or guardian.

SIGNATURE _____

DATE _____

PARENT/GUARDIAN(if under 18): _____