



GABE DE GUZMAN WORKSHOP

REGISTRATION FORM

NAME: _____ AGE: _____

CONTACT NUMBER: _____

PARENT/GUARDIAN: _____
(IF UNDER 18 YEARS OF AGE)

☐ **2:00PM-3:30PM**
BEGINNER/INTERMEDIATE

☐ **3:30PM-5:00PM**
INTERMEDIATE/ADVANCED

☐ **\$25 FOR ONE WORKSHOP**
☐ **\$45 FOR TWO WORKSHOPS**

CASH ☐ CHECK ☐

RECEIPT NO. _____

WAIVER OF LIABILITY

THE UNDERSIGNED FOR HIM/HERSELF, EXECUTOR, ADMINISTRATORS, OR ASSIGNS, AGREES NOT TO SUE CHILDREN'S PRODUCTIONS, INC. (SKIP ENTERTAINMENT COMPANY) FOR PERSONAL INJURIES OR PROPERTY DAMAGE OCCURRING TO HIM/HERSELF WHICH MAY ARISE OUT OF ANY ACTIVITIES DURING THE DANCE CLASSES, REHEARSALS OR PERFORMANCES. I FURTHER AGREE THAT MY CHILD CAN BE PHOTOGRAPHED FOR NEWS AND OR SKIP PROMOTIONAL ACTIVITIES.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____