



5626 South Ave., Boardman, OH 44512  
330-782-6785 or 330-550-1303

# AEROBIC/EXERCISE REGISTRATION FORM

The undersigned acknowledges that her or she is desirous of using the facilities of Ruth's Dance & Fitness Co.,LLC for and unlimited period of time. It is expressly agreed that all baton classes shall be undertaken by me at my own risk. Ruth's Dance & Fitness Co.,LLC is not liable for any claims, demands, injuries, damages, actions or causes of action whatsoever which have arisen on this property through my classes. Ruth's Dance & Fitness Co.,LLC also assumes no responsibility of negligence connected with the use of me or my services. I hereby represent that I am in good general health and am unaware of any health illness or condition which might present a hazard to me while participating in classes at Ruth's Dance & Fitness Co.,LLC.

PLEASE PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Any known physical limitations/medications: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

I, THE UNDERSIGNED, ATTEST TO THE ABOVE INFORMATION BEING CORRECT,  
AND HAVE READ AND UNDERSTAND THE LIABILITY CLAUSE.

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

### CLASSES REGISTERED FOR:

\_\_\_\_\_ Fresh Start \_\_\_\_\_ Young-at-Heart

\_\_\_\_\_ Step Aerobics & Strength \_\_\_\_\_ Stretch, Scoot & Shuffle

\_\_\_\_\_ New Student \_\_\_\_\_ Returning Student \_\_\_\_\_ Free Trial Class

Referral From: \_\_\_\_\_