

**HEARTBEAT STUDIOS**  
**MASTER CLASS/WORKSHOP REGISTRATION FORM**

Participant

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please register me/my child for the following master class or workshop. By signing this form, I understand and acknowledge that dance instruction, dance classes and dance practice are inherently potentially dangerous activities. As such, I release Heartbeat Studios, Inc., its instructors, staff, officers, employees and assigns from any and all liability arising from any injury or injuries which I/my child incur while engaging in any such activities. In case of a medical emergency, I hereby authorize the staff of Heartbeat Studios, Inc. to obtain the proper medical assistance (as deemed by calling 911) at my expense for my child or me.

Master Class/Workshop Description: \_\_\_\_\_

Day: \_\_\_\_\_, Date: \_\_\_\_\_, Time: \_\_\_\_\_

Master Class/Workshop Fee: \_\_\_\_\_

**PAYMENT**

- Payments may be made by cash or check. Make checks payable to Heartbeat Studios
- Payments may be made by VISA or MasterCard only: Please complete the following:

Name on Card: \_\_\_\_\_

VISA\_\_\_\_ MasterCard\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

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Registration Form Signature: \_\_\_\_\_

(Must be signed by parent/guardian if participant under the age of 18)

Mail or drop off Completed Form: Heartbeat Studios,  
7661 West 145<sup>th</sup> Street,  
Apple Valley, MN 55124

Or, fax completed form: 952-432-0975

Questions? 952-432-7833