



Enrollment Form

Class (day and time): _____

Name: _____

Date of birth: _____

Phone number: _____

Email: _____

Address: _____

Emergency contact name: _____

Phone number : _____

Address: _____

How did you hear about us:

Please detail and known medical conditions which could affect your ability to safely participate in pole dancing and associated activities:

Are you taking any medication:

Have you read and fully understand the terms and conditions and liability wavier of Spinnin' Pole Studio (please ask if unsure). If so sign and date below:

Signature: _____ Date: _____