



## Parkinson's in Movement-Tampa

### Class Registration

Participant's Name \_\_\_\_\_

Home Phone/Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Partner/Support/Caregiver Name \_\_\_\_\_

Best contact phone number \_\_\_\_\_

Please share any specific information about your needs/accommodations in order for us to provide you with the best dance experience:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever taken a dance/movement class as an adult? Yes  No

Where did you hear about this class?  Friend  Doctor's Office  Support Group  Online

Other \_\_\_\_\_

#### APPROVAL AND MEDICAL RELEASE

In the case of a physical or any injury to registrant associated with an activity involving Arts4All Florida, the registrant and contractor shall indemnify and hold harmless, and hereby releases, discharges, and acquits Arts4All Florida (and their respective directors, officers, members, employees, agents and independent contractors) from and against any and all claims, damages and liabilities resulting from or associated with said injury or the treatment of said injury.

I hereby give my consent to have a doctor of medicine or dentistry provide my son/daughter with emergency medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email this form to [srokas.vsaf@gmail.com](mailto:srokas.vsaf@gmail.com) or mail directly to Arts4All Florida, 4202 E. Fowler Ave. EDU105, Tampa, FL 33320, ATTN: Sandy Sroka.

More information, visit [www.arts4allflorida.org](http://www.arts4allflorida.org); 813.974.0715