



Registration Form

Name _____ Date of Birth _____
Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____ email _____

Emergency Contact _____

Any Health Problems?

List your Gyrotonic® and Gyrokinesis® experiences and/or certifications

Please list any other Movement Experience

Workshop Tuition is non- transferable and non-refundable

Cash _____ Check # _____

Visa/ MC# _____

Expiration Date _____ Security Code _____ Billing Zip _____

Name on Card _____

Signature _____

Insurance Waiver

I am aware, as with any physical activities that yoga and dance can be a risk for personal injury. I expressly assume such risk and waive any and all claims or causes of action against West Hawaii Island Gyrotonic® West Hawaii Dance Theatre, Academy, Dance Centre, its instructors and contractors, Virginia Holte, owners of B&K Commercial Park and VAC arising out of or connected my or my students participation in classes and activities, including, but not limited to claims from injuries. I agree to the above policies.

Signature _____ Date _____

Office use only

Paid(Date) _____ **Notes**

West Hawaii Island Gyrotonic® located at West Hawaii Dance Theatre 74-5626 Alapa Street
Kailua-Kona, Hawaii 96740 Phone (808) 329-8876 FAX (808) 329-1033 e-mail info@whigyrotonic.com