

GROOVE

All Ladies Dance School

REGISTRATION FORM

Class Type/Level: _____

Commencement Date: _____

Name: _____

IC No: _____ Date of Birth: _____

Email: _____

Contact No: _____ (HP) _____ (O)

How did you hear about us? (Please tick accordingly)

Word of Mouth	
Internet Search	

Newspaper and Magazines	
Performances (Please indicate venue)	
Others (please specify)	

I declare that I am medically and physically fit to attend all classes/ courses at Groove. I understand that by signing this form, I acknowledge that I am taking the above class/course and/or any other classes/courses at Groove at my own risk. I will not hold Vertical Art Pte Ltd or its instructors responsible for any loss, damage or injuries to persons or property as a result of my participation to the classes/ workshops/ events and excursions organised by Vertical Art Pte Ltd. Groove reserves the right to take videos or photographs at its discretion for use of publicity, media or proof in view of disputes.

In the event that I cannot attend any of the classes/ scheduled make-up classes (if any); Groove will not refund any monies or calculate fees on a pro-rate basis. I fully understand that Groove requires an optimal number of students to commence any course(s). I am agreeable to cancellation/ postponement of such course(s) if I enroll for any course(s) which do not have the optimal number of students or due to any unforeseen circumstances.

Signature:

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Date:

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