

Dance in Motion Dance Studio

Registration Form

Students Last Name _____

Parents Name _____ E-Mail _____

(PLEASE PRINT CLEARLY)

Address _____ City _____ Zip Code _____ Contact # _____

Emergency Contact:

Name _____ Relationship _____ Phone # _____

Please fill in your class style, time and then circle the day of your class!

1st Child _____ Age _____

2nd Child _____ Age _____

Class	Time	Day	Class	Time	Day
_____		m t w th	_____		m t w th
_____		m t w th	_____		m t w th
_____		m t w th	_____		m t w th

Consent & Liability Form: As a student of Dance in Motion, in the event that I sustain an injury of any magnitude during my participation in all activities, I will be legally and financially responsible for any bills related to the aforementioned injury. I hereby release Dance in Motion, its facilities, instructors, employees, other student's owners and staff from any liability in the event of injury while participating in any instruction, activity or performance.

Parent/Guardian signature Date _____

\$20.00 Registration Fee per Family

There will be no refunds on lesson payments made nor registration fee.

First month payment and registration fee due upon enrollment!

Please enter the amount due next to the plan you have chosen

Monthly \$ _____ 5 Month \$ _____ 10 Month \$ _____

Your account must be paid in full to receive recital costumes and perform in the June recital..