

Movement Dance and Fitness

Student Registration Form: Summer 2021

NEW STUDENT

Student's Name (First & Last): _____ Date of Birth (if under 18): _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone #: _____

Mother's Name: _____ Mother Cell #: _____

Father's Name: _____ Father Cell #: _____

Name of Responsible Party: _____

If address and phone numbers are different from above please include: phone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Email address of primary contact: _____

Please advise us of any medical conditions that may affect the student's participation:

Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. **Movement Dance & Fitness** is not responsible for personal property.

I have received the student handbook and agree to adhere to all the content stated therein including:

*Studio Policies

*Tuition & Payment Information

*Dress Code

*Calendar

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____

Please list the class(es)/camps you wish to enroll in.

Style & Level	Age Group	Day/Time/Teacher	Tuition Due
1.			\$
2.			\$
3.			\$

SUB-TOTAL: \$ _____

TOTAL: \$ _____

Amount Paid: \$ _____

Balance Due: \$ _____

FOR OFFICE USE ONLY:

_____ # _____ SD _____ INITIAL