



2015-2016 Registration

Parent's name:

Student's name:

Address:

City:

State: _____ Zip Code:

Student's Age:

Student's Birthdate:

Home Phone #: _____ Work # _____ Cell # _____

E-mail address _____ (Please write clearly. This will be the only form of sending updates and invoices)

Dancer's Measurement's CH _____ W _____ H _____ G _____

_____ please check here if not participating in recital

Classes enrolled: (Please include day of week and time) _____

Please be advised that class time and day changes or cancellation may occur due to status of enrollment

Please mark which session(s) you are enrolling your dancer:

_____ Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____ Session 5 _____ Session 6

Payment Options: _____ Payment in Full for entire 38 weeks (all 6 sessions)

_____ Payment in Full for Initial Session (Additional Sessions will be billed)

(Credit Card Information Required. Automatic Enrollment in Autopayment for all Sessions indicated above. By agreeing to enroll in Automatic payment, you agree to allow your credit card information to be kept on file and charged automatically, when tuition payments are due, with or without further invoicing.)

AUTOPAYMENT DOES NOT INCLUDE COSTUME FEES, WHICH WILL BE BILLED SEPARATELY

I, _____, hereby authorize Artists In Motion to charge my:

__ Visa __ MasterCard __ AMEX __ DISCOVER, with Credit Card # _____,

Exp. Date: _____, Security Code: _____, and Billing Zip Code: _____.

Please print Name as it appears on your Card: _____

By signing this form, you authorize **Artists In Motion** to charge your card for the amount listed Below.

Signed: _____ Date: _____

_____ Please check if also authorizing Enrollment in Autopayment in the amount of \$ _____

Tuition Enclosed- \$ _____

Yearly Registration Fee- \$40 per family

Discounts- _____

(Coupons must be redeemed at time of registration to be applied. DUPLICATE COUPONS CANNOT BE COMBINED.

Total Amount Enclosed-\$ _____

Date Registered _____

Artists In Motion Liability Waiver and Acknowledgment of Risk:

READ AND SIGN BELOW

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE CLASS

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Artists In Motion classes, rehearsals, performances, or activities. I also exempt, release, and indemnify Artists In Motion, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Artists In Motion. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Artists In Motion, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted to Artists In Motion to use photographs and videos of students for publicity, advertising and marketing purposes, without further notice or compensation.

I have read, understood and agree to be bound by the above statement (please print your name, sign & date):

PRINTED: _____

SIGNED: _____

If under 18, parents or legal guardian must sign

FOR: _____

Name of Student

DATED: _____