

# In Motion Dance Center

## Summer Registration Form

Dancer's Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Any Information pertaining to health, learning, medications, allergies, or otherwise that the instructor should be informed about**

\_\_\_\_\_

\_\_\_\_\_

**Please initial Legal Release and Policy Acceptance**

-----I/We have read, understand & accept the Covid 19 safety procedures and protocols.

\_\_\_ I/We understand to let IMDC know immediately of any illness (fever etc) or possibility of exposure to COVID -19.

\_\_\_ I/We understand all classes must be paid in full at registration and there are no transfers or refunds..

\_\_\_ I/We authorize and agree that In Motion Dance Center may take photographs and/or videos of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

\_\_\_ I/We understand In Motion Dance Center Inc., its affiliates and employees are not responsible for any injuries, illnesses (not limited to covid 19) in and/or around the studio, dance room, lobby or parking lot. I also understand they are also not responsible for any lost or misplaced articles.

\_\_\_\_\_  
Signature (If over 18) or Parent/Legal Guardian \_\_\_\_\_  
Date

Name \_\_\_\_\_

Class Name	Class Day / Time	Monthly Tuition

Total Monthly Tuition: \$ \_\_\_\_\_

Registration Fee: + \_\_\_\_\_

Total Due Now: \$ \_\_\_\_\_

Make check payable to: In Motion Dance Center # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Paid cash \$ \_\_\_\_\_