

In Motion Dance Center Inc.

Registration Form 2024-2025

Dancer's First and Last Name _____

Parent's Cell _____ Home Phone _____

DOB (MM/DD/YYYY) _____

Parent's Email _____

Home Address _____

Emergency Contact Person _____ Relationship _____

Phone/Cell _____

Grade _____ School _____

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

Please INITIAL (Legal Release and Policy Acceptance)

___ I have read the In Motion Dance Center Inc.'s website. I accept and agree to all information and policies on their website.

___ I agree and understand In Motion Dance Center Inc.'s Covid 19 safety procedures and protocols. I agree to let IMDC know immediately of any illness (fever etc) or possibility of exposure to COVID -19.

___ I understand and accept my billing and financial obligations.

___ I authorize and agree that In Motion Dance Center Inc. 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 understand and agree 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 In Motion is not responsible for any lost or misplaced articles.

X _____

Signature of Parent/Legal Guardian, or if over 18

Date

Age Group/Genre	Class Day/ Time	Monthly Tuition/Discount
		\$ - \$0 = \$
		\$ - \$4 = \$
		\$ - \$4 = \$
		\$ -\$4 = \$
		\$ -\$4 = \$

Monthly Tuition = \$ _____

Monthly tuition \$ _____ + Registration Fee/s = \$ _____ Due Now \$ _____

Checks made payable to In Motion # _____ OR Cash paid \$ _____