



New Member _____ Returning Member _____ Previous Year _____

Student Registration Form

Student _____ Age _____ Grade _____ Date of Birth _____

Address _____

City, State, & Zip Code _____

Telephone Number () _____ Work Phone () _____

Parent(s) Name _____

Telephone Number () _____ Work Phone () _____

Email Address _____

Emergency Contact (Other Than Listed Above)

Name _____ Telephone Number () _____

Please List Dance or Music Experience, If Any _____

Classes you wish to attend (Check & Circle) Summer ___ Fall ___ Winter ___ Spring ___		
Ballet, Modern or Jazz	<input type="checkbox"/>	List any interest or concerns:
Hip-Hop	<input type="checkbox"/>	
Mommy & Me	<input type="checkbox"/>	
Combo Class	<input type="checkbox"/>	
Violin	<input type="checkbox"/>	

* I hereby make application for my child to join Moves and Grooves Inc. The applicant and undersigned understand and agree that Moves and Grooves is not liable for the loss of property or injury. I understand and agree that Moves and Grooves does not have accident or medical insurance and hereby release the Moves and Grooves, its Directors, employees, and volunteer staff from any responsibility for accidents and/or other incidents in connection with any related activities, including athletics, special events and trips. Moves and Grooves will not be held liable for your child leaving the building or grounds. I release the right to all photographic material that Moves and Grooves might use for promotional activities without obligation to my child and me. In case of illness, accident, and/or other incidents, permission is granted to those in charge to take steps for proper treatment and care, when parents and/or guardian cannot be contacted. **I fully understand and agree to all the conditions stated on this form and have counseled my child to conform to the rules and the authority of the organization.**

Parent Signature _____

Date _____