

Inspired Movement Dance and Performing Arts

Registration and Liability 2010-2011

PLEASE READ AND SIGN BELOW

STUDENT

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY/ST/: _____

ZIP: _____

D.O.B: _____

AGE: _____

HEALTH CONDITIONS: (if yes, please explain)

PARENT/GUARDIAN

FIRST NAME: _____

LAST NAME: _____

PHONE(HOME): _____

PHONE(CELL): _____

PHONE(WORK): _____

E-MAIL: _____

REGISTRATION DATE: _____

PREFERRED METHOD OF CONTACT: FLYER E-MAIL BOTH

PLEASE READ CAREFULLY BEFORE SIGNING

I am aware and fully understand that there are risks and dangers associated in dance classes which may include tumbling, break dancing, pilates and various dance activities and events including but not limited to those of bodily injury and partial or total disability. The social and economic losses/or damages which could result from these risks could be severe. I understand that these risks and dangers may be caused by negligence of the participant or the negligence of others. These may be risks not known to us and are not foreseeable at this time. I accept and assume such risks and responsibilities for the lessees and/or damages following such injury and/or disability however caused or alleged to be caused in whole or in part by the negligence of INSPIRED MOVEMENT DANCE AND PERFORMING ARTS, its instructors, hosts, other participants, sponsors, advertisers, officers, and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents, and employees.

I agree that this consent and assumption of risk statement covers each and every event or activity sponsored by INSPIRED MOVEMENT DANCE AND PERFORMING ARTS AND THE BOYS AND GIRLS CLUB OF SAN DIEGUITO

Date Signature of Parent/Legal Guardian Date

PHOTOGRAPH AND FEE WAIVER

I understand that participants may be photographed or videotaped during the program. I give IMDPA permission to use such photos or videos for promotional purposes.

I have read, completed, understand, and agree to all of the previous information.

Date Signature of Parent/Legal Guardian Date

IMDPA Class Registration 2010-2011

Method of Payment

STUDENT NAME: _____

CLASS	DAY	TIME
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

TUITION RATES

Classes Weekly	1	2	3	4	5	Unlimited	Unlimited (sibling)
Monthly	50.00	90.00	135.00	180.00	225.00	270.00	200.00

Total Monthly Payment

_____ .00

METHOD OF PAYMENT

Cash _____ Check _____ Credit Card _____

Type of card: _____

Name on card: _____

Card #: _____ Exp Date: / _____ Security Code: _____