

*Art in Motion Dance Studio*  
*2020-2021 Registration Form*

[www.artinmotion.studio](http://www.artinmotion.studio)  
[support@artinmotion.studio](mailto:support@artinmotion.studio) / 706-910-1155  
245 Meridian Drive, Box 16, Grovetown, Ga. 30813

(List additional, classes for family members on back of form, include D.O.B., Age & pertinent medical history)

Name of Student \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Name of Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Name of Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Name of Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Pertinent Medical history we need to be aware of: \_\_\_\_\_  
\_\_\_\_\_

Name of Guardians/Parents \_\_\_\_\_

Contact # ( ) \_\_\_\_\_ Contact # ( ) \_\_\_\_\_

Email Address for Parent Portal \_\_\_\_\_

Person Responsible for Payments: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Please list phone #'s & Emails that you check frequently. We use this to create a Parent Portal where you receive newsletters, text messages, emails and where you can make payments if you so choose.

I, the guardian/parent of student(s) listed to participate in dance during the 2020-2021 season. In case of any type of injury, I hereby waive all claims against Art in Motion Dance Studio, it's owner and staff members. I release from responsibility any person transporting my child to the Doctor, or hospital, in case of emergency.

I understand registration fees is non-refundable. I understand that classes may change, cancel or reschedule as required. I understand I will not receive full or partial reimbursement of tuition if my student discontinues classes. In the event a student discontinues I will contact Art in Motion Dance studio by phone or email.

I understand once recital costumes are purchased there are no refunds after December 1, 2020.

Print Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you DO NOT wish for your dancer's photo to be used on any social media or advertising check here \_\_\_\_\_**

\*Registration fee \$30 with discount \$ \_\_\_\_\_ \*Military/Law Enforcement/ First Responder? Y / N

\*Total # of Classes (including siblings) \_\_\_\_\_ \*Monthly Tuition \$ \_\_\_\_\_

\*Payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ (Note cash or check only for Registration Fee)