

Art in Motion Dance Studio

2021-2022 Registration Form

www.artinmotion.studio

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)