

Improvement thru Movement Registration Form

Student Name _____
Last First

Address _____ City _____ State _____

Zip _____ Phone _____ Birth Date _____

Student's Cell # _____ Student's Email _____

Student's Emergency Contact
Name and Relationship _____ Contact Number _____

(If Minor):

Mother's Name _____ Work Phone _____

Cell Phone _____ Email _____

Place of Employment _____

Father's Name _____ Work Phone _____

Cell Phone _____ Email _____

Place of Employment _____

How did you find out about us? Phone book Word of mouth Sign Other _____

Class(es)/Day(s) _____

Tuition _____

Registration Fee _____

Total Enclosed _____

Checks should be made payable to Improvement thru Movement.

I agree to the above tuition and realize that all payments are due for the school year regardless of the number of classes attended. I also understand no refunds will be given unless a withdrawal notice is accompanied by a verified Doctor's excuse stating extreme illness or injury.

*Must be signed _____ Date _____
Signature of student; parent or guardian if minor

Improvement thru Movement Medical Release Form

"I am aware that dancing and fitness activities place unusual stress on the body and carry with them the risk of physical injury. On behalf of myself and/or my child and myself, I assume the risk and agree that Improvement thru Movement, faculty or agents shall not be liable in any way for any injuries sustained or loss of property during attendance at Improvement thru Movement." I grant permission for myself or my child to be treated for emergency medical care.

Medical Insurance

Agreement Number

Family Physician & Phone Number

Allergies