



2010 SUMMER REGISTRATION FORM

Please fill out the registration form completely and turn in no later than June 19. You may also mail this form in with payment by June 19, to In Motion at: 636 Miami St. Tiffin, OH 44883.

STUDENT'S NAME: _____

AGE: _____ BIRTH DATE: _____

ADDRESS: _____

CITY : _____ ZIP: _____

SCHOOL (IF APPLICABLE) _____ GRADE GOING INTO: _____

PARENT 1: _____

HOME PHONE: _____ CELL #: _____

PARENT 2: _____

HOME PHONE: _____ CELL #: _____

NAME OF PERSON/S RESPONSIBLE FOR PAYING ON THIS ACCOUNT?

CLASS/S STUDENT IS ENROLLING IN:

1. _____
2. _____
3. _____

EMERGENCY CONTACTS: IN CASE WE ARE UNABLE TO REACH EITHER PARENT, WHO WOULD YOU LIKE US TO CONTACT?

1. _____ PHONE: _____
2. _____ PHONE: _____

ANY PHYSICAL RESTRICTIONS OR PRE-EXISTING MEDICAL CONDITIONS/INJURIES THAT MAY AFFECT ABILITY TO PERFORM IN CLASS? IS SO PLEASE LIST AND EXPLAIN.

How did you hear about In Motion (if a new student)? _____

***Below must be signed by parent/guardian (or by student if 18 or older) before admission to class.**

I realize that dance/fitness classes involves some risks. In consideration of my child's/my participation in all these activities, I release and discharge In Motion Dance Studio, Inc. and all instructors from any and all liability arising from accident, injury, and illnesses that my child/myself may incur as a result of participation in this activity.

Parent/Guardian Signature: _____ **Date:** _____