



REGISTRATION

STUDENT INFORMATION				
Student's Name:				
Date of Birth:	Age:	Grade:		
Street Address:				
City:	State:	Zip:		
Parent's Name:				
Home #:	Work #:	Mobile #:		
E-mail:				
Health Insurance Co:				
Policy #:	Group #:	Medical Conditions:		
DANCE TRAINING INFORMATION (Please indicate # of years of training in each category)				
Jazz	Ballet	Tap	Acro	Other
Previous Dance School:				
Desired Classes: <input type="checkbox"/> Jazz <input type="checkbox"/> Ballet <input type="checkbox"/> Hip Hop <input type="checkbox"/> Tap <input type="checkbox"/> Lyrical <input type="checkbox"/> Modern <input type="checkbox"/> Acro				
GENERAL INFORMATION				
<p>Tuition is due on the 1st of each month. Tuition is based on 38 weeks of training. August/September through May tuition is a full month. June tuition is a half-month. A late fee of \$10.00 is due after the 7th of each month & will be added to your account. In Motion Dance Project requires a credit card on file for each account. If monthly tuition is not paid in full by the 15th of each month the full tuition, plus a \$10.00 late fee will be charged to the credit card on file. There are no refunds or prorated credits for missed classes, no exceptions. Missed classes must be made-up within child's level within 30 days, after which time the missed classes will be non redeemable. There is a \$30.00 service fee for all returned checks. All dropped classes require a 30 day notice in writing to the In Motion Dance Project front desk. A "Class Drop" form will need to be filled out. If the "Class Drop" form is not filled out and a class is dropped tuition will continued to be charged to the credit card on file. Dropped students may re-enter a class only after fully re-registering, provided there is still space available. In Motion Dance Project is not liable for any injury sustained during classes or at the school nor is In Motion Dance Project responsible for any lost or stolen items. Please note that registration is not complete until registration fees are received. I/we also agree to pay all of the cost of collection, including reasonable attorney and collection agency fees for unpaid tuition and fees.</p>				
Parent/Legal Guardian Signature: _____ Date: _____				

OFFICE USE ONLY				
Registration: \$	Tuition: \$	Check #:	Cash:	CC:
Registrar	Comp:	Date:		

**In Motion Dance Productions LLC WAIVER AND
RELEASE OF LIABILITY**

DISCLAIMER: In Motion Dance Productions LLC

IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, BIRTHDAY PARTIES, DANCE CAMPS, OR IN ANY OTHER WAY INVOLVED IN DANCE, CHEERLEADING, TUMBLING, TRAMPOLINE, FITNESS OR PRESCHOOL CLASSES OR TEAMS AT **In Motion Dance Productions LLC**. FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF **In Motion Dance Productions LLC**. ITS OWNERS, OFFICERS, AGENTS, CONTRACTORS, OR EMPLOYEES.

In consideration of my child _____ (Name), I hereby release and covenant not-to-sue **In Motion Dance Productions LLC**. Board of Directors and officers, and any of their employees, contractors, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of **In Motion Dance Productions LLC**, or others listed for property damage or personal injury, arising as a result of my engaging in or receiving instruction in dance, gymnastics, fitness, tumbling, trampoline, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, or heirs.

Further, I am aware that dance, gymnastics, tumbling, trampoline, and fitness are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that dance, gymnastics, tumbling, trampoline, fitness, and related activities always involve certain risks, including but not limited to, neck and back injuries, injury to virtually all bones, joints, muscles, and internal organs, and the mats, pits, and other safety equipment and apparatus provided for my protection including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent injury. I understand that participation in dance, gymnastics, tumbling, trampoline and or fitness, including moving from event to event, conditioning, stretching and other activities which may leave me and or my child or children vulnerable to the reckless actions of the other participants who may not have complete control over their actions or who may not see other students. I am and or I am having my child or children listed above voluntarily participate in dance, gymnastics, tumbling, trampoline, and or fitness with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage or personal injury.

I further agree to indemnify and hold harmless **In Motion Dance Productions LLC** and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in **In Motion Dance Productions LLC**. Activities or any activities incidental thereto, whenever, wherever, or however the same may occur. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Florida and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Florida.

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold **In Motion Dance Productions LLC** and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of injury sustained while participating at or for **In Motion Dance Productions LLC**.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies, which may be available to me for the ordinary negligence of **In Motion Dance Productions LLC** or any person listed above.

Parent's, Guardian's or Legal Age Participant's Signature Date -----
