

Art In Motion Dance Studio LLC | 2019-2020 Registration Form

245 Meridian Drive, Suite 4, Mailbox 16, Grovetown, GA 30813 support@artinmotion.studio | (706) 910-1155



Name of Student _____ DOB _____ Age _____

Name of Class _____ Day _____ Time _____

Name of Class _____ Day _____ Time _____

Name of Class _____ Day _____ Time _____

Name of Class _____ Day _____ Time _____

Name of Class _____ Day _____ Time _____

List any pertinent medical history that we need to be aware of: _____

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

*Name of Parents/Guardians _____

Contact # () _____ Contact # () _____

Email Address: _____

*Responsible for Payments: _____

Address _____ City _____ State _____ Zip _____

Contact # () _____ Contact # () _____

Email Address: _____

Please list phone #'s & Emails that you check frequently. We also use this info to deliver newsletters and updated information.

I, the guardian of student(s) listed to participate in dance during the current session. In case of any type of injury, I hereby waive all claims against Art in Motion Dance Studio LLC, its owner, its instructors, and its employees. I release from responsibility any person transporting my child to the doctor, or hospital, in case of emergency.

I agree to pay a non-refundable family registration fee. I understand that classes may be changed, cancelled, or rescheduled as required. I understand I will not receive full or partial refund for paid tuition if my student discontinues classes. In the event the student registered above decides to discontinue classes, I will inform Art in Motion Dance Studio by phone or email.

I understand I will not receive any costume refunds after December 7th, 2019. I have read the Art in Motion Dance Studio guide lines and policies, and agree to abide by, and ensure all listed on this form adhere to, these guidelines and policies at all times.

Signature _____ Date _____

Parent/Guardian _____

Total # of Classes: _____

☐ Registration Fee \$30

Monthly Tuition \$ _____

☐ Registration Fee W/ Coupon \$ _____

Military/Law Enforcement Monthly Tuition \$ _____

☐ Check # _____☐ Cash \$ _____☐ Money Order \$ _____

How'd you hear about us? _____