

The Movement Lab

Dance/Create/Perform

Fall 2018 Dance Registration

Performance Dates: January 2-6th 2019/Mandatory studio Rehearsals Dec 18th -20th

Please check if you are a **NEW student**. If so, how did you hear about this dance school?
Friend's Facebook Internet Other

Student/s Name: _____
Address: _____
City, State, Zip: _____
Primary Phone: _____ Second Phone: _____
Email: (**Important write CLEARLY** _____ @ _____)
Name of Parent or Guardian: _____
In case of emergency please call: _____
Student's age as of TODAY (if under 18) _____ Students Birth Date (under 18): _____

As Per Policy: If a child suffers from a physical disability, learning disability, or behavior problems, Please state here. _____
We will let the instructor know prior to first class meeting. This information is vital so that we can organize the flow of class to benefit all students. Please refer to the Policy for our how we handle certain behavior situations. (initial _____)

Dance Classes Day/Time (write below)

COSTUME SIZE (example Child 8, 10 etc. or Adult S, M, L) _____

1.

2.

3.

4.

Liability Waiver

I, the undersigned, release and discharge the Movement Lab, and its staff, officers, directors, agents and volunteers from any and all liability arising from, related to, or connected with any injury or illness or damage caused by or sustained in the course of any participation in classes, performances, or other activities conducted by or associated with The Movement Lab. I am aware that participating in those activities with knowledge of the danger involved and I hereby agree to accept any and all risks of injury. I hereby attest that this waiver of Liability is provided voluntarily upon submission of this form and shall be fully binding upon me, my heirs, next of kin, executor, administrator, and/or personal representative. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and The Movement Lab of Sonoma County and / or its affiliated organizations and I sign of my own free will. (initial _____)

I have read and will abide by the policy dated July 2018 (initial _____)

I agree to photos and/or videos taken of my child or myself while taking class here, and posted on the dance studio web site or the dance studio facebook page, or displayed in the lobby at the studio or at the performances. (Initial _____)

* Signature of Parent or Responsible Party

* Today's Date