



Student Information

Student 1: _____
First Last

Date of Birth: _____ Age as of Sept. 1, 2019: _____ Female
M - D - Y

Medical Conditions or Allergies: _____ Male

Academic School: _____ Grade: _____

Student's email: _____ Student's cell: _____

Student 2: _____
First Last

Date of Birth: _____ Age as of Sept. 1, 2019: _____ Female
M - D - Y

Medical Conditions or Allergies: _____ Male

Academic School: _____ Grade: _____

Student's email: _____ Student's cell: _____

Student 3: _____
First Last

Date of Birth: _____ Age as of Sept. 1, 2019: _____ Female
M - D - Y

Medical Conditions or Allergies: _____ Male

Academic School: _____ Grade: _____

Student's email: _____ Student's cell: _____

Mailing Address: _____

Contact Information

City: _____ Zip Code: _____

Home Phone # _____

Parent 1 Name: _____ Cell #: _____

Parent 1 Email: _____ Work #: _____

Parent 2 Name: _____ Cell #: _____

Parent 2 Email: _____ Work #: _____

Emergency Contact: (other than parent) _____

Phone #: _____ Relationship to Student: _____

Billing

Person Responsible for Account Payments: _____

Address (if different from above): _____

City: _____ Zip Code: _____ Phone #: _____

Classes

Student 1: _____ Class: _____ Class: _____

Class: _____ Class: _____

Class: _____ Class: _____

Student 2: _____ Class: _____ Class: _____

Class: _____ Class: _____

Class: _____ Class: _____

Student 3: _____ Class: _____ Class: _____

Class: _____ Class: _____

Class: _____ Class: _____

How did you hear about us?

Google search Facebook Instagram Other _____

Referred by _____

Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. Artistic Movement Center, LLC is not responsible for personal property.

- I have read the student handbook/policies (located on website artisticmovementcenter.com or hardcopies available at studio) and agree to adhere to all the content stated therein including:

*Studio Policies *Tuition & Payment Information *Dress Code *Protection of Property *Calendar

*Medical Release/Waiver *Authorization for Photographs/Video *Mission Statement & Code of Ethics

The studio will notify all students via email of any changes made to these during the year

- I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.
- I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Signature: _____ Date: _____



ARTISTIC MOVEMENT CENTER