Bodies In Motion Fall Registration Instructions 2024-2025

Welcome to Bodies in Motion Dance Studio!

- 1. Please fill out the form below entirely.
 - Be sure to check off what type of dance class(es) the student would like to register for.
 - Include the number of years' experience they have, if any.
 - The parent/ guardian must SIGN THE FORM.
 - Please include on the back of the form, any days or times that do not work for your schedule. We try to accommodate the requests as best as we can.
- 2. Enclose a \$25/student or \$40/ family non-refundable registration fee.
- 3. Return this form as soon as possible to the studio or to the mailing address below:

Bodies In Motion 7 Scott Hollow Drive South Hadley, MA 01075

In early August, an email will be sent to the email address you have provided to us, that will have the students' class time(s) for the fall.

If you have any questions:

Email: BIM-Dance@comcast.net | Facebook Message: FACEBOOK.COM/BODIESINMOTION.SOUTHHADLEY | Call: 413-535-2359

Bodies In Motion Registration and Release of Liability Form Name (Last) (First) Birthdate Ag Address (Street) City State Zip Phone (Home) Alternate Email Parent/Guardian Parent/Guardian REGISTER FOR: JAZZ/ BALLET/ PRE-HOP/ ADULT ADULT ADULT HIP-HOP TAP LYRICAL POINTE ACROBAT BALLET JAZZ YOGA EXPERIENCE (IF ANY): JAZZ/ BALLET/ PRE-HOP/ ADULT ARRONATION: Family physician Phone Allergies:				
Address (Street)				
Email				
Parent/Guardian	Phone (Home)			
REGISTER FOR: JAZZ/ BALLET/ PRE-HOP/ ADULT ADULT HIP-HOP TAP LYRICAL_ POINTE_ ACROBAT_ BALLET_ JAZZ_ YOGA EXPERIENCE (IF ANY): JAZZ/ BALLET/ PRE-HOP/ ADULT ADULT HIP-HOP TAP LYRICAL_ POINTE_ ACROBAT_ BALLET_ JAZZ_ YOGA MEDICAL INFORMATION: Family physician Phone Allergies: Chronic Ailments:	Email			
JAZZ/ BALLET/ POINTE ACROBAT BALLET JAZZ YOGA EXPERIENCE (IF ANY): JAZZ/ BALLET/ PRE-HOP/ ADULT ADULT HIP-HOP_ TAP_ LYRICAL POINTE ACROBAT BALLET JAZZ YOGA MEDICAL INFORMATION: Family physician Phone Allergies: Chronic Ailments:	rent/Guardian Parent			
JAZZ/ BALLET/ PRE-HOP/ ADULT ADULT HIP-HOP TAP LYRICAL_ POINTE_ ACROBAT_ BALLET_ JAZZ_ YOGA MEDICAL INFORMATION: Family physician Phone_ Allergies: Chronic Ailments:	JAZZ/			
MEDICAL INFORMATION: Family physician Phone Allergies: Chronic Ailments:	JAZZ/ ADULT			
Family physician Phone Allergies: Chronic Ailments:	НІР-НОР ТАР			
Chronic Ailments:	MEDICAL INFORMATION			
	Family physician			
STATEMENT				
In consideration hereof and of the services to be performed by "Bodies In Motion", (BIM-Dance LLC), we hereby agree to assume all responsibility injury or injuries sustained by any child or children of ours while participating in any activity sponsored by said club. We hereby release and fore discharge "Bodes In Motion", (BIM-Dance LLC), its officers, agents, or employees from any claim, or suit which may arise out of his or her participal any said activity. Knowing full well the physical risks inherent in said activities, we do hereby voluntarily assume all such risks of injury.	injury or injuries sustai discharge "Bodes In Motio			
Parent Signature Date Sign me up for Auto-Pay	Sign me up for Auto-Pay			
For Office Use:	For Office Use:			
Reg paid Date: Amount Students/ Family Card on File Payment Option	Reg paid Date:			