

Bodies In Motion Fall Registration Instructions 2023-2024

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.SOUTHADLEY](https://www.facebook.com/BODIESINMOTION.SOUTHADLEY) | Call: 413- 535-2359

Bodies In Motion Registration and Release of Liability Form

Name (Last) _____ (First) _____ Birthdate _____ Age _____

Address (Street) _____ City _____ State _____ Zip _____

Phone (Home) _____ Alternate _____

Email _____

Parent/Guardian _____ Parent/Guardian _____

REGISTER FOR:

JAZZ/ HIP-HOP _____ TAP _____ BALLET/ LYRICAL _____ POINTE _____ ACROBAT _____ PRE-HOP/ BALLET _____ ADULT JAZZ _____ ADULT YOGA _____

EXPERIENCE (IF ANY):

JAZZ/ HIP-HOP _____ TAP _____ BALLET/ LYRICAL _____ POINTE _____ ACROBAT _____ PRE-HOP/ BALLET _____ ADULT JAZZ _____ ADULT YOGA _____

MEDICAL INFORMATION:

Family physician _____ Phone _____ Allergies: _____

Chronic Ailments: _____

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 for any injury or injuries sustained by any child or children of ours while participating in any activity sponsored by said club. We hereby release and forever 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 participation in any said activity. Knowing full well the physical risks inherent in said activities, we do hereby voluntarily assume all such risks of injury.

Parent Signature

Date

Sign me up for Auto-Pay _____

For Office Use:

Reg paid Date: _____ Amount _____ Students/ Family _____ Card on File _____ Payment Option _____