



BEST MOVES

Dance Academy

STUDENT FULL NAME: _____ DOB: _____ AGE: _____ GRADE: _____
PARENT/GUARDIAN #1: _____ CELL #: _____
PARENT/GUARDIAN #2: _____ CELL #: _____
ADDRESS: _____ TOWN: _____ ZIP CODE: _____
ALTERNATE CONTACT #: _____ EMAIL: _____
Emergency Contact Name: _____ Emergency Contact # _____
Allergies/Medical Conditions/Special Concerns: _____
How did you hear about us? _____

SESSION PAYMENT: Fall/Winter: (Aug.-Dec.) _____ Winter/Spring: (Feb-June) _____

Class Request	Day	Time	Cost
1. _____			
2. _____			
3. _____			
4. _____			

TOTAL HOURS (Per Week) _____

Total Tuition \$ _____
Monthly Payment (**Due by the 10th of each month**): \$ _____
Registration Fee \$ _____
Discount (if applicable) (-\$ _____)

PAYMENT: Credit Card _____ Cash _____ **GRAND TOTAL** _____

CREDIT CARD PAYMENT INFORMATION: (Only if paying via credit card)

Name on Card: _____ Visa _____ Mastercard _____ Discover _____ American Express _____
Card Number: _____ - _____ - _____ - _____ Exp Date: _____ CWV Code: _____ Zip Code: _____

*Participation will not be granted unless this form has been **Signed & Dated** at bottom of page.*

LIABILITY WAIVER

Participant and participant's parent/legal guardian hereby indemnifies BESTMoves Dance Academy (BMDA) and affiliates, together with all of their employees, guests, independent contractors, volunteers, agents, or any other persons from any and all third part claims, actions, losses, liabilities, claims of liability, allegations, judgments, costs, expenses, reasonable attorney fees, causes of action, or damages whatsoever, including, without limitation, death or injury to any person or damage to any property, resulting from or arising out of participant's participation or participant's guest's participation, or any family member, friend, guest or other in any programs, performances, online classes, videos, communications or other, and any activities directly or indirectly related to (BMDA) on site, off site or online in any capacity. Parents/legal guardians are responsible to inform instructors of any and all limitations, problems, medical needs or concerns prior to their own participation or their child's participation in any activity.

PHOTO & VIDEO RELEASE

Participants (parents/guardians/students) grant permission to (BMDA), its employees, guests, independent contractors, volunteers, agents, and any other person, to take and use visual/audio images of participant. Visual/audio images or any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions in addition to any and all online visual or audio recordings. The images may be used in any manner or media without notifying participant, including but not limited to (BMDA) related web sites, publications, promotions, broadcasts, and advertisements, including any online sites. No compensation will be given for any photo, video, audio or any online medium for any reason. Recording of any online video is strictly prohibited and cannot be reproduced, sold, shared or distributed in any way.

I have read, understand and accept this Liability Waiver and Photo & Video Release. I have also read, understand and accept all of (BMDA) Policies as noted on www.bestmoves.co and I accept and agree to all financial obligations.

SIGNATURE:

(Parent/Guardian if under 18yrs.): _____ **DATE:** _____

HANDBOOK Acknowledgement (fully read through, questions asked if needed):

(Parent/Guardian if under 18yrs.): _____ **DATE:** _____