



Student's Name: _____ Cell # _____

Parent/Guardian Name: _____ Cell# _____

Parent/Guardian Name: _____ Cell# _____

Student's Age: _____ Student's DOB: _____

Name and address where any mailings are to be sent:

Email address (print): _____

Please leave blank if you do not check email regularly.

Name of person/persons responsible for all fees: _____

Cell# _____

*I do hereby give MOVE permission to use images of myself/my child for the express purpose of advertising, social and print media. I release MOVE studio, the owners of the premises where classes take place and any staff/instructors from any liability. **I understand that the fee is a monthly fee due regardless of any absences, that there is no such thing as "taking a month off" and that all fees must be up to date in order to participate in any performances or receive a costume.** Further, non-payment of fees for two months may result in a student's exclusion from class. NO REFUNDS * NO EXCEPTIONS*

Signature: _____ Date: _____

OFFICE USE:

REG _____ MONTH1 _____ SHOES _____ TOTAL PD _____ REMIND _____

CHECK# _____ CASH _____ PAYPAL _____ CASH APP _____

