



Student's Name _____

Age _____

Birthday _____

Years of dance experience _____

Any allergies or injuries _____

Parent's Name _____

Address _____

Phone # _____

Email _____

Please list the class or classes you are signing up for.

How did you hear about us? _____

If you would like to be placed on credit card management for monthly tuition, the following information is required. Your card will be charged on the 10th of each month.

Type of card (We can not accept American Express) _____

Name on Card _____

Number on front of card _____

Billing zip code _____

Liability Waiver:

As the parent or legal guardian, I release and hold harmless Motion Dance Studio Concord, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Motion Dance Studio Concord, its owners and operators or in route to or from any of said premises. I further acknowledge and understand, appreciate and agree that my participation may result in possible exposure to illness from infectious diseases including but not limited to, MRSA, Influenza, and Covid-19. While personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others and assume full responsibility for my participation and exposure. I understand that it is my responsibility to consult with a physician prior to the student's participation to determine if the student is physically fit and does not have any medical condition that would prevent his/her full participation in Motion Dance Studio Concord programs. I agree to keep the student's instructor informed of any health condition that could be affected by participation. If a student is out for an injury, I must provide Motion Dance Studio Concord written confirmation from a health professional that he/she may return to participation. I acknowledge that Motion Dance Studio Concord will not render any medical services to the student. I've read the above and agree. Initial __ __ __

In Case of Emergency:

I give permission to Motion Dance Studio Concord, its owners and operators, staff, volunteers, to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. Initial __ __ __

Granting Permission for Marketing:

I give Motion Dance Studio Concord, its employees and representatives permission to take photos or video of my child in connection with activities at the dance studio and give authorization to use and publish such media with or without name for any lawful purpose including publicity, advertising, and social media.

Circle the answer that applies. YES. NO.

I understand that my registration fee is non refundable unless there is a cancellation by Motion Dance Studio Concord, and tuition is due by the 10th of each month. There are no tuition exemptions for lack of attendance because make up classes are available. I agree to be responsible for making sure my student attends class with appropriate dancewear and shoes. Motion Dance Studio Concord has the right to remove a student from a class for inappropriate/harmful behavior, language, etc. Initial __ __ __

Please sign and date on the line below:
