

THE MOVEMENT XPERIENCE

of lake houston

7515 Tournament Trails Drive

Humble, TX 77346

281-812-3883

Registration Form

Student's Last Name _____ Student's First Name _____

Age _____ Birthdate _____ School _____ Grade _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Parent/Guardian's Name _____

Cell Phone Number _____ Email _____

Parent/Guardian's Name _____

Cell Phone Number _____ Email _____

CLASSES TO BE REGISTERED FOR:

Day	Time	Class

Please provide Bank Account information for Bank Draft. **Check or Cash is always preferred for payment.**

Bank Name _____

Bank Routing Number (9 digits) _____ Account Number _____

Name on Account _____ Account Type: checking or savings (Circle one)

_____ Check Here if Auto-Draft deducted from bank account on the 1st of each month is preferred. This will be set up automatically.

Name on Card _____

Type of Card (Visa or Mastercard) _____

Credit Card Number _____

Exp Date _____ CCV 3-4 Digit Code _____

Payment is due the first of the month. Auto-draft will be deducted on the 1st of each month if specified. If payment of check or cash is not received by the 5th of the month, bank draft will be deducted. If bank draft is rejected, the credit card on file will be charged. There is a \$50 return fee if either is rejected. Credit card will be accepted at the studio.

_____ **Initial Here that you have read the payment guidelines.**

WAIVER OF LIABILITY & PERMISSION FOR MEDICAL TREATMENT

IN CONSIDERATION OF PARTICIPATION IN THE ACTIVITY PROGRAMS AND USE OF THE FACILITIES, I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY INJURIES TO MYSELF/MY CHILD, AND RELEASE, INDEMNIFY, AND HOLD HARMLESS ALL INSTRUCTORS, EMPLOYEES, OWNERS, AND INDEPENDENT CONTRACTORS OF THE MOVEMENT XPERIENCE FROM ANY AND ALL CAUSES OF ACTION, LIABILITIES, INJURIES (INCLUDING DEATH) THAT MAY OCCUR FROM SUCH INDIVIDUAL'S PARTICIPATION. I FULLY UNDERSTAND AND ASSUME ALL RISKS INVOLVED IN SUCH ACTIVITY. I ALSO AUTHORIZE THE NECESSARY STEPS REGARDING MEDICAL ATTENTION FOR MYSELF/MY CHILD IN THE EVENT OF AN INJURY OR ILLNESS AND GIVE CONSENT FOR THE MOVEMENT XPERIENCE TO OBTAIN MEDICAL ASSISTANCE AND TREATMENT.

Parent/Guardian's Signature _____ Date _____

Drop off form at the studio or Email Registration form back to danceinfo@themovementxperience.com.