

7515 Tournament Trails Drive Humble, TX 77346 281-812-3883

Summer Registration Form 2019

Student's Last Name		Student's First Name
Age	Birthdate	Email
Address		
Parent/Guardian's Name		Cell Phone Number
CHECK OFF V	VHAT YOU ARE REGISTERIN	G FOR:
Registr	ation Fee for Students not enrolle	ed in the 2018-2019 Dance Season \$30
Tuesda	ys/Thursday's Unlimited (60 Clas	ses Total) \$425
Tuesda	y's (1 Full Day a Week for 5 Weel	ks, 30 Classes) \$250
Thursd	ay's (1 Full Day a Week for 5 Wee	eks, 30 Classes) \$250
1 Week	(2 full days, 12 Classes Total) \$1	60
1 Day (6 Classes Total) \$80 Date	
1 Hour	Class a Week for 5 Weeks \$100	(2 classes - \$180, 3 Classes -\$250) Registered Class(es):
Drop In	(1 Class) \$25 Registered Class:	
Camp <i>A</i>	All 5 Weeks \$225	
Camp #	of Weeks \$50 a week	
		Total Due:
		Payment due before 1 st class. Cash or check is preferred. 5% service fee is added to credit card payments.
INJURIES TO MY CONTRACTOR OCCUR FROM SU	ON OF PARTICIPATION IN THE ACTIV /SELF/MY CHILD, AND RELEASE, INDE S OF THE MOVEMENT XPERIENCE FR JCH INDIVIDUAL'S PARTICIPATION. I STEPS REGARDING MEDICAL ATTENT	ELIABILITY & PERMISSION FOR MEDICAL TREATMENT WITTY PROGRAMS AND USE OF THE FACILITIES, I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY EMNIFY, AND HOLD HARMLESS ALL INSTRUCTORS, EMPLOYEES, OWNERS, AND INDEPENDENT ROM ANY AND ALL CAUSES OF ACTION, LIABILITIES, INJURIES (INCLUDING DEATH) THAT MAY FULLY UNDERSTAND AND ASSUME ALL RISKS INVOLVED IN SUCH ACTIVITY. I ALSO AUTHORIZE TION FOR MYSELF/MY CHILD IN THE EVENT OF AN INJURY OR ILLNESS AND GIVE CONSENT FOR PERIENCE TO OBTAIN MEDICAL ASSISTANCE AND TREATMENT.
Parent/Guard	ian's Signature	Date To or Email Registration form back to danceinfo@themovementxperience.com.
	Drop off form at the studi	o or Email Registration form back to danceinfo@themovementxperience.com.