

Movement Arts Studio

Student's Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Emergency Contact: _____

Phone Number: _____

Special Needs: _____

Medical Concerns: _____

School: _____ Grade: _____

	Level	Day	Time
Class & Time:	_____	_____	_____
	_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

IMPORTANT!

STUDENT(S) ATTENDING MOVEMENT ARTS STUDIO **DOES SO AT HIS/HER OWN RISK.**

MOVEMENT ARTS STUDIO OPERATORS WILL NOT BE LIABLE FOR ANY DAMAGE ARISING FROM PERSONAL INJURIES SUSTAINED BY STUDENTS IN OR ABOUT THE PREMESIS.

STUDENT ASSUMES FULL RESPONSIBILITY FOR ALL INJURIES, WHICH DISCHARGE THE MOVEMENT ARTS STUDIO OPERATORS, ALL ASSOCIATED STUDIOS, THEIR OWNERS, EMPLOYEES AND AGENTS FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION, PRESENT OR FUTURE, RESULTING FROM OR ARISING OUT OF STUDENTS USE OF STUDIO AND/OR FACILITIES.