Student Registration Form

This form is to be completed by parent/legal guardian

Please print neatly

□ Clopper's Mill Dance Center
□ Damascus Studio of Dance
□ Mt. Airy Studio of Dance
□ Olney Studio of Dance

□ Returning Student
□ New Student

Student's Name: _____
(Last) (First) (Initial) (Today's Date)

Address _____
(Street) (City) (State) (Zip)

_____
(Phone) (Date of Birth) (Age) (Sex) (School)

Health Concerns: _____

_____

Class Description: *[example – First Steps I Mon 4:00-4:45 0.75 hrs $000.00]*

Please use the back of this page for any additional information

FULL CLASS NAME	DAY	TIME	LENGTH	TOTAL
FAMILY REGISTRATION FEE (NON-REFUNDABLE)				**$35.00**
	Revised 08/17/09	**TOTAL**		**$**

I know of no health reason(s), other than the information indicated on this form, why my child/I should not participate in any of the studios' dance or related activities. I understand that I as parent/guardian/self will not hold Concepts In Motivation, Inc., its directors and/or employees responsible for any injuries while at any facility or function run by Concepts In Motivation, Inc. I further understand that there is NO refund or deduction in tuition for missed classes and that it is the student's responsibility to make up the classes missed. I understand that payments not received on time will be assessed a late fee of $5 per week that tuition is late. I release Concepts in Motivation, Inc., from any liability regarding any pictures or video taken of my child for use on web site, displaying at the studio or for advertisement of the company. While I understand that every precaution for security will be taken, Concepts in Motivation, Inc. is not responsible for any adverse circumstance.

_____
(Please Print – Parent Name) (Signature of Parent or Legal Guardian) (Date)

Phone Numbers: _____
(Work Phones) (Cell Phones)

Email: _____
Mom email Dad email Student email

New Student - How did you hear about us: ☐ CM Student Referral ☐ Internet ☐ Gazette ☐ Direct Mail ☐ Community Event ☐ Other _____

In case of emergency please notify the following (other than parent/legal guardian):

Name: _____
(Last) (First) (Relationship) (Phone)

Address: _____
(Street) (City) (State) (Zip)

Physician's Name: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Office Use

Paid: $_____ ☐ Check #: _____ Check Date: _____ ☐ Cash Entered: _____ Notes: _____