



Summer 2010 Student Registration Form

This form is to be completed and signed by parent/legal guardian

Please print neatly

- Cloppers 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: [Name: First Steps Day: Mon Time 4:00-4:45 # weeks X 0.75 hrs = \$000.00]

Please use the back of this page for any additional information

FULL CLASS NAME (for weekly classes circle the weeks student <u>will</u> attend)								CLASS DAY	CLASS TIME	CLASS LENGTH	TOTAL
<i>Class Description</i>											
06/21-06/26	06/28-07/03	07/06-07/17 (closed July 5 th)	07/19-07/24	07/26-07/31	08/02-08/07	08/09-08/14	08/16-08/21		# of weeks X (for weekly classes only)	=	
<i>Class Description</i>											
06/21-06/26	06/28-07/03	07/06-07/17 (closed July 5 th)	07/19-07/24	07/26-07/31	08/02-08/07	08/09-08/14	08/16-08/21		# of weeks X (for weekly classes only)	=	
<i>Class Description</i>											
06/21-06/26	06/28-07/03	07/06-07/17 (closed July 5 th)	07/19-07/24	07/26-07/31	08/02-08/07	08/09-08/14	08/16-08/21		# of weeks X (for weekly classes only)	=	
									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 are NO refunds or deduction in tuition for missed classes and that it is the student's responsibility to make up the classes missed. I understand that there is a \$5.00/week late fee for any payments not received by the 7th of the month when due. Tuition is due at time of registration.

I release Concepts in Motivation, Inc., from any liability regarding any pictures or video taken of my child for use on web site, yahoo group, displaying at the studio or for advertisement of the company. While I understand that every precaution for security will be taken, there is no guarantee that these sites will not be compromised.

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

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

Email: _____
 Mom email Dad email Student email

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 #: _____ Cash Entered: _____ Notes: _____