



Dancer's Name: _____ Birthday: __/__/__

Address: _____ City: _____, IN Zip: _____

Home Phone #: _____ 2nd Phone #: _____

Parent's Names: _____

Parent Email Address: _____

Emergency Contact Name: _____ Phone: _____

Dancer's Age: _____ Grade Attending in the Fall: _____

Previous Dance Experience: _____
(new students only)



Classes You Are Interested In (please circle your choices):

Creative Movement (4yr olds) Pre-Ballet (5yr olds) Pre-Tap (5yr olds) Tap (Elementary-High School)
Ballet (Elementary -High School) Jazz/Hip Hop (Elementary-Jr. High) Jazz (High School) Hip Hop (High School)

Most **Convenient** Day: Monday Tuesday Wednesday Thursday Friday

Most **Convenient** Time: _____ (I can do mornings too☺)

Known Conflicts: _____ (please be as specific as possible☺)

To Register!!!!

1. Mail this form back by **Saturday, August 20th** to Accented Motions Dance Studio
P.O. Box 379 Fortville, IN 46040
2. Include the first installment tuition payment (7 weeks) of your desired class(es)
(\$49.00/\$56.00/\$63.00) **OR** the entire semester tuition payment (\$91.00/\$104.00/\$117.00).

*If you (or your family) are enrolling in more than one class be sure to apply the multiple class discount towards your tuition payment:

- \$15.00 off per installment payment per additional class
- \$30.00 off the total semester payment per additional class

Amount enclosed \$ _____ (1st Installment/Semester Payment)

- You will receive a call the last week of August regarding your scheduled class time!
- I do my very best to fulfill everyone's request however, a full reimbursement will be made if I am unable to schedule a class that you can attend.
- Please feel free to call me (Vickie) @ 826-1033 if you should have any questions☺!

***Please Continue**

Release of Liability On Behalf of Child

I _____ as guardian of _____ agree to sign for consent regarding the following conditions related to activities associated with Accented Motions Dance Studio, Inc.

1. I do hereby forever waive, release, and discharge Accented Motions Dance Studio, Inc. and it's employees, representatives, and executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of Accented Motions Dance Studio, Inc. on or off property.

(PLEASE INITIAL : _____)

2. I understand and am aware that strength, flexibility, and aerobic activity associated with dance is a potentially hazardous activity. I also understand and am aware that dance involves a risk of injury or serious disability, and I am voluntarily participating in these activities with full knowledge, understanding, and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury.

(PLEASE INITIAL: _____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities. I also acknowledge that it is recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the activities and programs without the approval of my physician and do hereby assume all responsibility for my participation in said activities and programs.

(PLEASE INITIAL: _____)

Date: _____

Signature: _____