

→ Please return completed application with registration fee c/o 861 Brighton Road, Tonawanda, NY 14150 ←

For office use only
\$60 PAID _____
INITIALS _____



“DANCE WITH ME” REGISTRATION FORM – FALL SESSION 2 2017

CHILD’S NAME _____ AGE AS OF 11/3/17 _____

ADULT’S NAME _____ CHILD’S DOB _____

ADDRESS _____

CITY _____ ZIP _____ HOME # _____

PARENT (Father) _____ (Mother) _____ CELL # _____

E-MAIL _____ Do you prefer to be reached by EMAIL or PHONE? (circle)

Fridays, November 3 – December 8, 2017 from 5:30 to 6 p.m.

For dancers ages 18 months to 3 years old

Our version of Mommy and Me featuring dance, rhythm, and creative movement activities for the youngest students ages 18 mths to 3 years old accompanied by an adult 18 years and older. A fun and positive introduction into music and movement using props, games and dance basics.

Students and adults should wear rubber soled, closed toe shoes for class as well as comfortable clothing to allow for easy movement and flexibility. No open toe shoes, flip flops, or boots. No wet shoes. Please bring dry shoes to change into for class.

\$50.00 Session Fee Due With Completed Registration Form

Checks can be made payable to “Modern Movement Dance Studio, Inc.” Credit cards and health insurance flex cards also accepted. Fee is **non-refundable** once paid.

Full payment must be received with this form to reserve your spot. Class cancellation due to small class size is at the discretion of the instructor.

I/We as Parents/Guardians of _____ (name of child) and _____, (name of participating adult), consent to the enrollment and instruction of said child and adult at Modern Movement Dance Studio, Inc. for a “Dance with Me” 2017 session. By signing here I acknowledge that the participants, in attending Modern Movement Dance Studio, Inc., and using its facilities, does so at their own risk. Modern Movement Dance Studio, Inc. shall not be liable for any damage arising from personal injuries sustained by the above named participants in or about the premises. The above named participants assume full responsibility for all injuries and damages which may occur in or about the premises and they do hereby fully and forever release and discharge the studio instructors, studio owner, and any other employees from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of the child’s use of the studio and/or its facilities. I agree to allow above named participants’ photographs to be used for advertising purposes, included but not limited to the studio website and flyers.

LIMITED MEDICAL OR PHYSICAL CONDITIONS: Please state any recommendations from physicians regarding limitations on physical activities due to medical or other physical causes, or other limitations that you wish upon your child’s activities. If there are no limitations, please state “none”: _____

DATE

PARENT/GUARDIAN SIGNATURE

DATE

PARTICIPATING ADULT SIGNATURE (only if not dancer’s parent/guardian)