



Where did you find out about Dynamic Movements?

- Newspaper Ad: _____
- Website _____
- Referral From _____
- Other _____

Summer Registration

Name of Student _____ Birth Date _____ Age _____
 Home Address _____ City _____ Zip _____
 Phone (Home) _____ (Cell) _____
 E-mail Address _____

I am currently enrolled at Dynamic Movements and my information has not changed

I am registering for the full six weeks for the following class(es):

Class (Ex: jazz/hip hop, tumble, contemporary)	Day	Time	Class #	Room #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am registering for the following workshop classes:

I am registering as a drop in student

Registration Fee: _____

Pre-Paid Drop In: _____

Summer Tuition: _____

Workshop Fees: _____

Retail: _____

Total Paid: _____

Staff Initial: _____ Visa: _____ MC: _____ Cash: _____ Check #: _____

Free Fall/Spring Registration
for our 2018-2019 Season
 Dancer: _____
 Staff Signature: _____
 Date: _____

By executing this Waiver, I hereby certify that I am physically able to Participate in all dance related classes at Dynamic Movements school of Performing Arts, Inc. (DMSPA) and that I do not have any illness, disability, or injury that would, in any way, limit same. I further certify that I have consulted with a physician regarding any illness, disability, or injury which I am aware of and have been cleared to participate fully, and without limitations, except as set forth below. I agree that I am fully responsible for any injury which may occur as a result of any illness, disability, or injury which I have and waive any claim for such injury against DMSPA. Further, I hereby certify that the classes at DMSPA involve physical activity in which injury can occur. I hereby assume the risk of same and waive any claim for damages or injury which may occur from said activity against DMSPA.

I hereby agree to follow all staff instructions, rules, and guidelines in the use of the facilities and equipment.

Illness, disability, condition:

Limitations:

Student/Parent Printed Name: _____

Student/Parent Signature: _____

Dynamic Movements School of Performing Arts, Inc
By Kristen Holland-Burgess, President of Corporation