



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: \_\_\_\_\_  
 Summer Tuition: \_\_\_\_\_  
 Retail: \_\_\_\_\_

Pre-Paid Drop In: \_\_\_\_\_  
 Workshop Fees: \_\_\_\_\_  
 Total Paid: \_\_\_\_\_

Staff Initial: \_\_\_\_\_ Visa: \_\_\_\_\_ MC: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

**Free Fall/Spring Registration**  
*for our 2017-2018 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:

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Limitations:

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Student/Parent Printed Name: \_\_\_\_\_

Student/Parent Signature: \_\_\_\_\_

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