

Where did you find out about Dynamic Movements? □ Newspaper Ad, which one?

School of Performing Arts, Inc.	⊔ We □ Ref	Website Referral From		
Student Information		ner:		
Name of student		h Day		
If under 18, please list parents names or name of legal gu	ardian for the s	tudent		
Home Address	City	/	Zip	
Phone (Home) (Cell)	Cell)		(Other)	
Email Address (1) I am currently enrolled at Dynamic Movements and r				
Have you taken dance/fitness classes before?Yes (Whe What is your t-shirt size (for recital t-shirt)? Wh				
				-
□ I am on the DM Performance Team		🗆 lam	on the DM All Bc	ys leam
 I am on the DM Performance Team I would like to enroll in the following class(es): (Ex: Ballet A ages 6-8 	Day Monday	☐ Iam Time 7:00-7:45	on the DM All Bo Class # #122	Nys Team Room # 5)
I would like to enroll in the following class(es):	Day <i>Monday</i>	Time	Class #	Room #
I would like to enroll in the following class(es):	Day Monday	Time	Class #	Room #
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□ I would like to pay for my recital fees in full at the time of registration.

□ I would like to pay for my recital fees in installments with my monthly tuition October-February.

Registration Fee(s):	\$	Costume(s)) with tights:	\$
September Tuition:	\$	Costume(s)) without tights:	\$
Tuition Oct-Feb:	\$	Recital Fee	(s):	\$
Tuition March-June:	\$	Total Cost	of Recital:	\$
Retail:	\$	Installment	Rate:	\$
Total Paid:	\$	Date:		Staff Initial:
Check #:	 VISA		MC	Cash

I hereby acknowledge and accept responsibility for payment of all charges listed above. Parent Signature _____

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 Movem	ents School	of Performin	g Arts, Inc
By Kristen Hollar	d-Burgess,	President of	Corporation