

Adult Dance Program Registration Form

To register, please complete form, enclose it with your plan payment made payable to “Movements In Motion”.

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Emergency Info (Allergies, illness, etc.) _____

How did you hear about us? _____

Dance Class Plan – Please check the program you are interested in below:

_____ **5 week session- \$45.00**

_____ **10 Week Session - \$80.00**

_____ **8 week session - \$65.00**

_____ **OTHER: _____**

Liability Disclaimer – Any person who participates in any dance class fitness activity or services provided by Movements In Motion shall do so at his or her own risk. He or she shall assume all risk involved, including but not limited to all loss or stolen property, cost, claim, injury, damage or liability sustained while participating. In the event that participant is injured, participant agrees to assume any financial obligation, either through participant’s personal health insurance, or through some other means, for any medical costs which participant incurs. Movements In Motion, however, assumes no responsibility for any medical expenses, injury, or damage suffered by participant in connection with the use of any facilities or services in connection with the activity.

Payments- A \$30.00 charge will be applied for any checks returned by the bank. No refunds on classes missed, classes cancelled due to inclement weather or holidays. **Note all cards expire on session end dates.**

Note: CARDS ARE NOT TRANSFERABLE OR REFUNDABLE, WE CAN NOT WAIVE EXPIRATION DATES

I have read and fully understand all information provided on this Adult Dance Class Registration form.

Signature

Date

For Office Use Only

Payment Plan \$ _____

Coupon (\$ _____)

Gift Certificate (\$ _____)

Total Due: \$ _____ **Check #** _____ **Cash** _____

CC: **Visa** **MC** **Discover** **APPR #** _____