★★★ MIM Adult Dance Program Registration Form ★★★

- ★ **Registration**: In order to register, this form MUST be completed.
- ★ **ONE REGISTRATION FORM PER ADULT PLEASE** – you may photocopy or call for additional forms.
- ★ **Please PRINT as clearly as you can & fill out ALL sections that apply** – thank you.
- ★ **You are more than welcome to hand this form in– or mail it in – or Email a scanned copy.**
  - ☆ **Movements In Motion – 17 Mifflin Avenue, Suite 102 | Havertown, PA 19083.**
- ★ **Any questions or concerns – Please call us at (610) 853-1468 or Ask at the front desk**

_____ _____

First Name **Last Name**

_____ _____ _____ _____

Student's Home/Mailing Address **City** **State** **Zip Code**

_____

Email Address

Your email will only be used to receive important updates, reminders, closings & newsletters.

_____-_____-_____ _____-_____-_____ _____-_____-_____

Home Phone Number **Cell Phone Number** **Work Phone Number**

_____

Emergency Information: Illnesses, allergies, etc.

How did you hear about us?

☐ **MIM Dancer** | ☐ **MIM Staff** | ☐ **Social/Printed Media**

☐ **Other** _____

Were you referred? Please list the student's name below

_____

Please Print: Full First/Last Name

Session: ☐ Fall ☐ Winter ☐ Spring ☐ In Person ☐ Virtual

★★★ Please check off & fill out only that which applies to you ★★★

Beginner Adult Tap	**Thursday | 8:30pm to 9:30pm**	☐ **6 week Session ★ $54**	☐ **4 week Session ★ $45**
Experienced Adult Tap	**Tuesday | 8:30pm to 9:30pm**	☐ **6 week Session ★ $54**	☐ **4 week Session ★ $45**
Adult Barre In Motion	**Wednesday | 8:30pm to 9:30pm**	☐ **6 week Session ★ $54**	☐ **4 week Session ★ $45**
Dance It Off	**Thursday| 6:30pm to 7:30pm**	☐ **6 week Session ★ $54**	☐ **4 week Session ★ $45**

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.
- Movements In Motion is not liable for personal injury or loss of or damage to personal property. We do not carry medical insurance for our students. It is required that students be covered by their own insurance policies.

Payments

- A $30.00 charge will be applied for any checks returned by the bank.
- There will be NO REFUNDS on classes missed, classes cancelled due to inclement weather or holidays.

Photo Release

I understand that photographs of my class may be taken for promotion of Movements In Motion. I agree that they may be used, but are not limited to brochures, websites, advertisements, etc.

Please ☑ which you prefer: ☐ I Agree ☐ I Disagree

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

Signature: _____ **Date:** _____

★★★ FOR OFFICE USE ONLY ★★★

Payment Plan: $_____

Coupon: ( ) ($_____)

Gift Certificate ( ) ($_____)

Paid $_____ by:

☐ Cash $_____ ☐ Check #_____

☐ CC Auth #_____ ☐ Visa ☐ MC ☐ Discover