



the center of motion

REGISTRATION FORM

For

THE CENTER OF MOTION

Dance classes held at Leafmore Creek Park Clubhouse

Please fill out and return to Millie: millie_rhodes@yahoo.com
Checks/Venmo/Paypal for \$290 can be sent to Millie Rhodes

CHILD INFORMATION

Name: _____ age: ____ date of birth: _____
School: _____ grade: _____
Medical conditions: _____

PARENT INFORMATION

Parent names: _____
Email: _____
Address: _____
Phone numbers: (Cell) _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Phone Number: (Cell) _____

WAIVER AND RELEASE FORM • THE CENTER OF MOTION DANCE CLASS

As the parent or legal guardian of (Name of Child) _____
I hereby give permission for my child to participate in the Center of Motion Dance Program. I have explained the minimal risks and the benefits of dance to my child and my child is in proper physical condition to dance and has no existing injuries or conditions that could jeopardize his or her safety or health, or the safety or health of the other participants. I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in the Center of Motion Dance Program, whether or not resulting from negligence, and I agree not to sue the Center of Motion, its representatives, staff or volunteers on any such claim. I also give permission for the staff of the Center of Motion to administer first aid or to seek medical care for my child during my child's participation in the program, and to take my child to a medical facility for additional treatment that appears necessary. I hereby agree that photographs of my child may be used for promotion of, and any purposes of, the Center of Motion, without any compensation to me whatsoever.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____.