

Academy of Movement, LLC Registration Form
One Student per form. Please print clearly, using blue or black ink.

Student Information

Last Name _____ First Name _____
 Date of Birth _____ Age _____ Grade _____ Parent Name(s) _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email(s) _____
 Emergency Contact and Phone Number _____
 Previous Movement Experience _____

Student Medical Information *Please list any chronic medical conditions, medications and illnesses currently being treated. Use a separate piece of paper if needed. All information will be kept confidential. _____

Fall Semester 08 Class Enrollment

<i>Class Name</i>	<i>Day&Time</i>	<i>Class Fee</i>
_____	_____	_____
_____	_____	_____

Annual Registration Fee (<i>non-refundable</i>) (<i>Reg fee is paid once/year</i>)	\$20
Total Semester Fee (Checks or Money Order payable to Academy of Movement)	\$

Spring Semester 09 Class Enrollment

<i>Class Name</i>	<i>Day&Time</i>	<i>Class Fee</i>
_____	_____	_____
_____	_____	_____

Annual Registration Fee (<i>non-refundable</i>) (<i>Reg fee is paid once/year</i>)	\$20
Total Semester Fee (Checks or Money Order payable to Academy of Movement)	\$

Agreement

I, the undersigned, hereby certify that this student has been examined recently by a physician, is physically fit and has no pre-existing condition that would prohibit participation in an Academy of Movement class. I authorize Academy of Movement faculty or its representatives to obtain emergency medical treatment for this student, if deemed necessary, and I agree not to hold the Academy of Movement, its directors, faculty, staff or their representatives, in any way liable. I have listed any medications taken on a regular basis and the condition for which they are being taken.

I agree to be responsible for prompt and timely payment of all tuitions and fees due to the Academy of Movement for this student. I understand that there are no refunds for early withdrawal and that I am responsible for any tuition owed, whether the student completes the session. A tuition credit may be granted if the student must withdraw for medical reasons. Requests must be made in writing and accompanied by a doctor's signed statement on letterhead. I agree that it is the responsibility of this student to attend all lessons and there will be no make-up for missed lessons. A make-up class will be available only if classes are canceled by the Academy of Movement. I understand that tuition is due in full with registration. I understand that there is a \$30.00 fee charged for returned checks.

Signature (Parent or Guardian if minor) _____ Date _____

Academy of Movement All-Stars: All students who want to perform in WinterFest, Spring Fling and all other All-Star Performances must purchase an AOM ALLSTAR uniform. **The cost is \$40.00.**

Jazz, Hip-hop, Expressive Movement Classes: Crystaled black jazz pants, black crystaled DANCE tank

Disney Dance I & II: Black DANCE Leos, black tights

Princess Power and Cheerdance: Black shorts, black DANCE tank

Lyrical: See Miss Hilary

Please circle sizes needed for your appropriate uniform:

Jazz Pant Size: Youth XS, S, M, L, XL Adult XS, S, M, L, XL

DANCE Tank Top: Youth XS, S, M, L, XL Adult XS, S, M, L, XL

Black Cheer Shorts: Youth XS, S, M, L, XL Adult XS, S, M, L, XL

Black Leotard: Youth XS, S, M, L, XL **Black Tights:** Youth XS, S, M, L, XL

Check here if you already have our uniform and do not need to reorder: _____

Date: _____ Amount Paid: _____ (*Please include a separate check for uniform*)