

# Artistic Motion Preparatory Academy



## Registration Form – 2015

Dancer # \_\_\_\_\_

<b>Student Information</b>			
Name			Date of Birth
Address			
City		State	Zip Code
School			Grade
Health Restrictions			

<b>Parent/Guardian Information (Primary Billing)</b>			
			Provide address if different than student.
Name			Relationship to Student
Address			
City		State	Zip Code
Phone	Home	Work	Cell
Email	Home	Work	

<b>Parent/Guardian Information (2<sup>nd</sup> Point of Contact)</b>			
			Provide address if different that Student or Primary Contact.
Name			Relationship to Student
Address			
City		State	Zip Code
Phone	Home	Work	Cell
Email	Home	Work	

**Media and Liability Release:** Enrollment, participation, and/or attendance at any Artistic Motion School of Arts and its affiliates, Artistic Motion Preparatory Academy & Artistic Motion Company (all hereafter referred to as AMSA) sponsored regularly scheduled class, Master Class, event, performance, camp, program, and/or rehearsal, including private instruction, authorizes AMSA to have the unrestricted right and license to take photos and videos of you and your dependent, and use image, likeness, name, voice, or comment for use in brochures, flyers, documents, displays, press releases, other AMSA publications and media material, on the AMSA website(s), and on AMSA social networking sites. AMSA will not use the aforementioned upon written request. If you submit a written request, only regularly scheduled classes, Master Classes, and private instruction will be available for participation.

I hereby release Artistic Motion, its members, agents and volunteers of all liability. By signing this release, I understand that I am absolving and releasing others from liability from their own negligent acts, even if I am not at fault in any way. In consideration of my/my child's participation in classes or other activities at or associated with Artistic Motion, I agree to assume full responsibility for them, their heirs, executors, and administrators, waive and release and forever discharge any and all rights and claims for damages which they may have or which occur to them, for all damages which may be sustained and suffered by them in connection with their association with or entry into center activities or which may arise out of their participation in these activities. I expressly assume all of the risks inherent in these activities.

**I hereby certify that the information stated above is correct and completed to the best of my knowledge.**

_____	_____
Student Signature	Date
_____	_____
Parent Signature	Date