

**Artistic Motion Summer Camps and Classes
Summer 2015 Registration Form**

**Artistic Motion
800 W. Smith Street
Greensboro, NC 27401
336-617-5099**



Student Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: NC Zip: _____

Parent A: _____ Phone: (H) _____ (W) _____

Parent B: _____ Phone: (H) _____ (W) _____

Cell Phones: (A) _____ (B) _____

Email: _____

Check here to allow the student's picture to be used in Artistic Motion's promotional materials.

Emergency Contact:

Name: _____ Phone: _____

Student's Doctor: _____ Office Phone: _____

Class Selections:

Class /Camp Name: _____ Dates: _____ Time: _____

Class/Camp Name: _____ Dates: _____ Time: _____

Class /Camp Name: _____ Dates: _____ Time: _____

Class /Camp Name: _____ Dates: _____ Time: _____

Payment is due in full upon enrollment.

****Please make check payable to Artistic Motion****

Class/Camp Fee \$ _____

Class/Camp Fee \$ _____

Class/Camp Fee \$ _____

Class/Camp Fee \$ _____

Total Amount Due \$ _____

Please Mail to:

**Artistic Motion
800 W. Smith Street
Greensboro, NC 27401**

Release of Liability:

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.

Signed: _____

Date: _____