

**Artistic Motion School of Arts
Master Class Series
2015 Registration Form**



Student Name: _____ Age: _____ Sex: _____

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

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

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

<http://artisticmotiondance.com>

Cell Phones: (A) _____ (B) _____

E-mail: _____

Emergency Contact:

Name: _____ Phone: _____

Student's Doctor: _____ Office Phone: _____

Class Selections:

Class Teacher: _____ Date: _____

Payment is due in full upon enrollment.

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

Class Fee \$ _____

Class Fee \$ _____

Class Fee \$ _____

Class Fee \$ _____

Total Amount Due \$ _____

**Please mail completed registration form
and payment to:**

**Artistic Motion School of Arts
800 W. Smith Street, Suite A
Greensboro, NC 27401**

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.

Signed: _____ Date: _____