



STUDENT REGISTRATION FORM

TO REGISTER: Please download, fill out and either email back to info@motionartmn.org or print and bring to the first session. For more information, please contact us at above email or at 612-922-6019.

STUDENT INFORMATION

Student's Name: _____ Birth Date: _____ Age: _____

Grade Level (Fall 2019): _____

Home Address: _____

Phone Number: _____

Medical Information (describe allergies, injuries and medical conditions):

PARENT/GUARDIAN OF STUDENT

Name: _____ Relationship to Student: _____

Cell Phone: _____ E-Mail: _____

Home and/or Work Phone: _____

ALL PERSONS AUTHORIZED AND RESPONSIBLE FOR PICKING UP STUDENT

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

CLASS PARTICIPATION

Class Name: _____

Session Dates: _____ Day and Time: _____

9 week Session Cost: _____

MotionArt teaches mutual respect among all participants. No student will be discriminated against based on race, gender, national origin, religion, or disability.

**MOTIONART
LIABILITY WAIVER FORM**

As the parent/guardian of _____ (Print Child's Name), I am aware that any physical movement/dance program could result in injury and I permit my child to participate in such a program and release MotionArt, its owner, employees, independent contractors, and staff from all liability for injury from his/her participation in the program.

I am aware that this is a release of liability and an acknowledgment of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

Name of Child Participating: _____

Signature of Parent/Guardian: _____

Print name of Parent/Guardian: _____

Date: _____

I also agree to allow MotionArt to use photos or video of my child (without identification) for advertising or promotional purposes.

Signature of Parent/Guardian: _____

Date: _____

Emergency Contact: Please give us a name and phone number of your nearest relative or friend that we may call in an emergency if we can't reach you.

Print Name: _____

Phone: _____

Relationship to Child: _____