EXPERIMENTAL MOVEMENT CONCEPTS

REGISTRATION FORM

Today's Date_____**EMCPA**

New Student_____ReturningStudent_____

Student's Name_____

Age_____Sex_____Birthdate_____

Address_____

City/State/Zip_____

Student's Home Phone_____

Email _____

Is it OK to share your phone number with the other parents in your class?_____

BILLING CONTACT INFO

Name_____

Address_____

City/State/Zip_____

Relationship_____

Home Phone_____

Work Phone_____

Email_____

IN CASE OF EMERGENCY

Does the student have any medical conditions or allergies that we should be aware of?

_____

_____

In case of emergency, if parents cannot be reached, who shall we notify?

Name_____

Relationship_____

Day Ph._____Eve Ph._____

NEW STUDENTS

How did you hear about EMC?_____

Describe previous dance training below:

DIVISION	CODE	TUITION
	Total Tuition	
$25-returning $30-new $15-summer	**Registration Fee**	
$20 (Sept-Aug) Indicate size	**Tap Shoe Rental**	
$15.00 Indicate size	**T-Shirt**	
	Total Due	
Check #	**Paid**	

WAIVER:

(students may not take class until waiver is signed)

I hereby waive Experimental Movement Concepts from any and all claims, costs, liabilities, expenses or judgements, including attorney's fees and court costs that may arise from my/my child's participation in this Experimental Movement Concepts Program. I also understand that all tuition payments, registration fees, costume fees, performance fees, art supply fees and performance tickets are non-refundable. EMC reserves the right to cancel classes due to low enrollment at any time, in which case, all remaining tuition will be refunded. All classes are subject to change without notice. I understand that my tuition payments are due on the dates specified by the studio. I understand that make-up classes are available to me only upon approval of the instructor and I also understand that make-ups may only be used during the current semester and cannot be carried over into the next semester. I understand that I will not receive a refund for classes that I miss if they are not made up during the current semester. I understand that non-attendance does not constitute withdrawal from the program. In the case the I/my child withdraws from the program, I will notify EMC in writing and will be billed for 60 days beyond date of receipt of said notification. I agree to pay a $5.00 late fee per week if my account becomes more than 1 week delinquent. I give permission for my child's photo to be used in promotional materials by the studio.

X_____date_____