

ISAAC MORGAN, DIRECTOR

313-888-7405 www,Inspire2Move.org Contact@inspire2move.org

STUDENT REGISTRATION 2019-2020

Student Information

udent's Name:Date of Birth (MM/DD/YYYY):			
Mailing Address:			
E-Mail Address:			
rimary Phone:Phone (2):			
Name of Person responsible for paying	g fees:		
Primary Email Address:			
Primary Billing Phone #			
Emergency Contact Name:			
	Phone Number:		
	Classes		
Class Name	Meeting Date(s)	TIME	Tuition
		9	5
		9	5
		9	5
		9	5
		\$	3
		\$	3
		9	<u> </u>
	1		
Registration Fee(\$25.00/\$40 Family)	\$_\$25		
Tuition:	\$	Less Discount:	\$
Competition Fee:	\$	Total Due:	\$



WAIVER & RELEASE FORM

Waiver of Liability	
l,	, (Parent/guardian's
dance at Inspire 2 Move Inc I waive the right to all on studio property or at any Inspire 2 Move Inc. ev	, (Child's name) permission to ny legal action against Inspire 2 Move Inc. for any injury sustained vents. I understand that I am enrolling my dancer in a program of in good physical condition and does not suffer from any disability be program.
Medical Release Form	
event of accident, injury, sickness, etc., under t	(parent/guardian's name) hereby give permission ny child,(child's name), in the he direction of the physician listed below or at any necessary ontacted. I also assume the responsibility for the payment of any or of one year from the date given below.
Insurance company	
Policy Number;	
Child's Physician	
Address:	
Phone:	
Known Allergies:	
Photo Release Form & Agreements	
promotional purposes of Inspire 2 Move Inc. of	aff to use photos and video images of me or my child to use for only. Photos and video will be used in brochures, websites, eated by the studio. Photos may appear with or without names in
	stated waiver of liability, medical and photo releases. I have also ies. I understand I will be held responsible for all tuition, costume
Parent's Printed Name	
Parent's Signature	Date