

**BODIES IN MOTION SUMMER 2010
SUMMER DANCE CLASS/CAMP REGISTRATION FORM**

**4440 Bordentown Avenue, Old Bridge, NJ 08857
PHONE: (732) 238-6900 FAX: (732) 238-6910**

Child's Name: _____ Gender F M DOB ___/___/___ Home # _____
Child's Name: _____ Gender F M DOB ___/___/___
Address: _____ City: _____ Zip: _____
Email: _____
Mother's Name: _____ Business Phone: _____ Cell: _____
Father's Name: _____ Business Phone: _____ Cell: _____
Emergency Contact Name: _____ Emergency Contact # _____
of years at HOH/BIM ____ Who referred you? _____
Allergies/Medical Conditions: (Please explain) _____
Are there any problems that may prohibit or limit your child's exercise activity?

CLASS INFORMATION

CLASSES-Choose your weeks: Minimum of 4 weeks.

- | | |
|---|--|
| <input type="checkbox"/> ___ Week 1 July 5 th – July 9 th | ___ Week 4 July 26 th – July 30 th |
| <input type="checkbox"/> ___ Week 2 July 12 th – July 16 th | ___ Week 5 Aug 2 nd – Aug 6 th |
| <input type="checkbox"/> ___ Week 3 July 19 th – July 23 rd | ___ Week 6 Aug 9 th – Aug 13 th |

DANCE CAMP-Choose your week

_____ AGES 4-7YRS JULY 20TH-22ND _____ AGES 8 AND UP JULY 27TH-29TH

1st Choice: Class/Camp _____ Age/Grade _____ Day: _____ Time: _____

2nd Choice: Class/Camp _____ Age/Grade _____ Day: _____ Time: _____

1st Choice: Class /Camp _____ Age/Grade _____ Day: _____ Time: _____

2nd Choice: Class/Camp _____ Age/Grade _____ Day: _____ Time: _____

PAYMENT INFORMATION

\$20.00 Dance Family Registration Fee(classes only)

10% Each Additional Child and/or Class

4 Weeks \$60 5 weeks \$75 6 Weeks \$85
Dance Camp \$125

TOTAL DUE \$ _____

Payment Type: _____ Cash Receipt # _____ Check # _____ CC Approval # _____

*** Pay in full at time of registration.**

*** You will be obligated for the days/weeks chosen on this form. No make-ups or refunds apply.**

I agree that I am aware that my son or daughter will be engaging in physical exercise involving various sports, coordination events, and fitness training which could cause injury to him/her. I agree that my son or daughter is voluntarily participating in these activities and is assuming all risks of injury that might occur as a result thereof. I hereby to waive any claims and/or rights that I might otherwise have to sue AGR, Inc., d/b/a Bodies In Motion & Head Over Heels Gymnastics, it's director's shareholders, employers, agents and all others associated with the corporation from all liability for any and all damages and/or injuries that might occur as a result of these activities. I understand that AGR, Inc., d/b/a Bodies In Motion Dance Centre makes no evaluation or recommendations whether my son or daughter is physically fit for any exercise activity. If my son or daughter has any physical condition that may impair his/her ability to engage in these activities, I understand that it is my responsibility to obtain a physician's statement describing any limitations to participate in this program. I also give permission for photographs and videos of my child to be used in print or broadcast media as deemed appropriate for the promotion of BODIES IN MOTION/HEAD OVER HEELS GYMNASTICS activities.

SIGNATURE: _____ **Date:** _____