



**SUMMER DANCE REGISTRATION
MIDDLETOWN STUDIO**

**7 Kaness Lane Middletown, NJ 07748
Phone: 732-671-2328 Fax: 732-617-3093**

Child's Name: _____ Age: _____ Sex: M F DOB __/__/__ Home: _____
 Child's Name: _____ Age: _____ Sex: M F DOB __/__/__
 Address: _____ City: _____ Zip: _____
 Mom's Name: _____ Work: _____ Cell: _____
 Dad's Name: _____ Work: _____ Cell: _____
 Emergency Contact Name: _____ Phone: _____
 Doctor: _____ Phone: _____
 Medication/Allergies: _____
 Are there any problems that may prohibit or limit your child's exercise activity? _____

Summer Dance Class:

Class Name _____ Day _____ Time _____

Please check off the weeks in which you will be attending: (Minimum 4 weeks)

Week 1 July 7th - July 11th
 Week 2 July 14th - July 18th
 Week 3 July 21st - July 25th

Week 4 July 28th - Aug 1st
 Week 5 Aug 4th - Aug 8th
 Week 6 Aug 11th - Aug 15th

4 Weeks/\$60.00

5 Weeks/\$75.00

6 Weeks/\$85.00

Payment: x _____ (# of weeks chosen) = \$ _____

Summer Dance Camp:

\$145.00 per 3 day Dance Camp (Please check the appropriate age group below)

Ages 4-7 July 15TH - July 17TH

or

Ages 8 & up July 29TH - July 31ST

Total Due: \$ _____

Amt Paid: \$ _____

Bal Due: \$ _____

Check/Debit/Credit/Cash # _____

Important Information:

You will need to choose your weeks at time of registration. There are no refunds for missed classes and no changes once classes have started. We do not schedule make up classes for summer dance and Bodies in Motion does reserve the right to cancel any summer dance class that does not fill.

* A \$50% Deposit per child is due at time of registration and is NON-REFUNDABLE * BALANCE DUE prior to June 1st 2008

I agree that I am aware that my son/daughter will be engaging in physical exercise involving various dance, 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 agree to waive any claims and/or rights that I might otherwise have to sue Bodies in Motion, it's director's, shareholders, employers, agents and all other 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 Bodies in Motion makes no evaluation or recommendations whether my son or daughter is physically fit for any exercise activity. If my son/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.

SIGNATURE: _____

DATE: _____

