

Summer Registration 2021

Student Name: _____ Age: _____

Date of Birth: ____/____/____ Dance Experience: _____

Mailing Address: _____

City: _____ Zip: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Primary Email: _____

How did you hear about us? _____

Medical Conditions: _____

I agree to be responsible for all tuition for the above named student until I notify On Edge Movement, LLC of the withdrawal of the above named student in writing or in person. I hereby release On Edge Movement LLC, its owners, teachers, and anyone else connected with On Edge Movement from any liability of accident or injury occurring on or around the studio premises and/or at any function/location in conjunction with the studio. I declare the student named above is in good health and can participate in the enrolled classes. I understand that dance is a physical activity and injuries can occur. I have taken necessary steps to obtain health, accident, hospital, and/or other insurance, which would cover any sustained injuries. In the event of an emergency, if I am unable to be contacted, I give On Edge Movement, LLC permission to obtain medical services for this student. I understand there are no refunds. I hereby give permission for my child's photo or video to be used for OEM's advertising purposes. I have read the Rules & Regulations, Dress Attire, and understand/agree to all the rules therein. There are NO REFUNDS on any dates missed but you may make up the class.

COVID-19 Protocol: Students and teachers will be asked to sanitize hands upon entering the studio. We ask dancer's only bring small bags if needed. Limited Class Sizes. All dancers should social distance themselves throughout class, in hallways and lobby areas. Only arrive 3-5 minutes prior to the start of classes. Students will be dropped off and picked up only. The lobby will be closed and non dancers will not be allowed indoors. Times for drop off and pick up will be staggered. The studio will be cleaned daily and between classes. Floors will be disinfected and barres will be wiped down. We ask all dancers to bring a towel to use at the barre during ballet class.

Parent Signature (if under 18): _____ Date: _____

Circle * Specific *** Weeks you will Attend:**

1 2 3 4 5 6 7

Class: _____ **Day/Time:** _____

Class: _____ **Day/Time:** _____

Class: _____ **Day/Time:** _____

Class: _____ **Day/Time:** _____

Class: _____ **Day/Time:** _____

Class: _____ **Day/Time:** _____

Class: _____ **Day/Time:** _____

Class: _____ **Day/Time:** _____

Class: _____ **Day/Time:** _____

Class: _____ **Day/Time:** _____

TOTAL HOURS: _____

Registration Fee: \$30.00 _____

Sibling Discount: _____ **TOTAL: \$** _____