



Inspiration to Movement, Inc.
 1004 Parsons Avenue
 Columbus, OH 43206
 614-253-6683
 www.inspirationtomovement.com

REGISTRATION FORM Fall 2017 Class Series

NAME	HOME PHONE	
HOME ADDRESS	DAY PHONE	
CITY	CELL PHONE	
STATE	ZIP CODE	EMAIL ADDRESS
BIRTH DATE	WHERE DID YOU HEAR ABOUT US?	

Any past experience in the type of class for which you are registering?

REGISTER FOR (PLEASE CHECK ALL THAT APPLY):

_____ 10 Week Adult Beginning Ballet Series Wednesdays 5:30-7:00 p.m., October 4 – December 6	\$220/person
_____ 5 Class Bachata Wednesdays 7:45-8:45 p.m., October 4 – November 1	\$90/person or \$140/couple
_____ 5 Class “Out to Dance” – Rumba, Swing, Tango, Waltz Mondays 6:30-7:30 p.m., October 2-October 30 <i>While all of our classes are welcoming to LGBTQ clients, we know that the heavily gendered atmosphere of traditional ballroom dance class can be uncomfortable for some. Join us for a ballroom course tailored to LGBTQ dancers!</i>	\$90/person or \$140/couple
_____ 10 Week Intro Fletcher Pilates Series Thursdays 5:30-6:25 p.m., October 5-December 7	\$250/person
Total Due: \$_____ Check or cash only. Please make checks payable to Inspiration to Movement Please register by October 1.	



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INFORMED CONSENT FORM FOR PARTICIPATION

I hereby certify that I am voluntarily participating in programs with ITM and I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury that include but are not limited to muscle strains and tears, broken bones, or even death. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and in consideration of the benefits derived from ITM, I waive all rights, causes of actions, release any claims from the student while participating in said activity or while in the act of being transported to and from said activity including any and all consequential damage claims which I may be entitled to recover from said injury or property damage claim without regard to the negligence of the parties, and I do hereby agree to indemnify and hold harmless, release and discharge the building owners, and/or ITM, staff, assistants, agents, representatives, instructors, directors and/or owners. It is understood that this agreement is binding on myself, my heirs, executors, administrators and assigns. I understand that good dance training and athletic exercises involve touching and adjustment of the student's body by the instructor.

I AGREE TO THE ENROLLMENT AND CANCELLATION POLICY AS STATED AS PART OF THIS CLASS SERIES.

Agreed and Acknowledged:

_____ **Date:** _____
participant's signature or parent's signature if participant is a minor

FOR OFFICE USE ONLY: DATE RECEIVED _____ CONFIRMATION SENT _____ TUITION PAID _____