

# *Inspiration to Movement, Inc.*

*2017 - 2018 School Year*

Upon complete registration to the full program, all supplemental information (dress code, school rules, vacation dates) will be mailed with the class confirmation.

Please mail this completed form and \$10 registration fee to:

Inspiration to Movement 1004 Parsons Ave, Columbus, OH 43206

614-253-6683

REGISTRATION WILL BE ACCEPTED UNTIL OCTOBER 31.

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age as of September 1, 2017: \_\_\_\_\_ Email address: \_\_\_\_\_

PLEASE PLACE AN "X" IN THE APPROPRIATE CLASS. IF THERE IS A QUESTION PLEASE CALL.

\_\_\_\_\_ Creative Movement I – Wednesdays 4:30-5:00 pm

Ages 2 ½ - 3 (must be potty trained)

Monthly: \$35

\_\_\_\_\_ Pre-Ballet I – Wednesdays 5 – 6 pm

Ages 4 ½ - 6

Monthly: \$60

\_\_\_\_\_ Ballet 1 – Tuesdays 5:00-6:15 pm

Ages 5-7

Monthly: \$65

\_\_\_\_\_ Ballet 1a/b – Tuesdays 6:15 – 7:45 pm

Ages 7 - 10

Monthly: \$70

Name of Person responsible for Payment: \_\_\_\_\_

Address and Phone Number, if different from above: \_\_\_\_\_

\_\_\_\_\_ Payment Option – Monthly

I agree to pay \_\_\_\_\_ on a monthly basis. I understand that if this is not paid by the 5<sup>th</sup> of the month that a \$10 late fee is added to the monthly amount. I understand that if the student decides to discontinue the class, that I am still responsible for the tuition as class enrollment is for the entire School Year that runs September – May.

## Medical Release Form / Emergency Information

No Medications will be distributed by ITM staff. We have first aid supplies available if needed.

Please state all specific medical conditions including any allergies (including food, drug, etc), disabilities, or emotional / behavior problems that you feel we should be aware of:

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Does the dancer carry any medications with them? \_\_\_\_\_ Medication: \_\_\_\_\_

Reason for taking? \_\_\_\_\_

In an emergency, who should we contact other than parents? \_\_\_\_\_

Phone number: \_\_\_\_\_

Insurance is the responsibility of the parent/student.

**We, the undersigned, certify that the applicant is in good health and may participate in the activities at Inspiration to Movement (ITM). In case of an emergency requiring medical treatment, the undersigned hereby authorizes ITM to get the student to any medical or hospital facility for care and treatment and accept any payment responsibility for any treatments. This release is effective for the period one year from the date given below.**

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## Liability Release

I give my consent for \_\_\_\_\_ to participate in programs at 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 all 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 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 involves touching and adjustment of the student's body by the instructor.

Signature of the Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Conditions of Enrollment

I UNDERSTAND AND AGREE:

1. To pay the non-refundable registration fee with this signed enrollment form. I understand that once this form is received by ITM, I cannot change the tuition payment option.
2. To review and follow ITM policies as outlined in the ITM Orientation Handbook.
3. That there are no refunds and credits ever given for missed classes. There are no make-up classes available for missed classes.
4. That ALL enrollment is for September – May. I agree to the full program tuition (September- May) regardless of if my child discontinues in the middle of the year.
5. To release all photographs and videography for use by ITM. I acknowledge that no promises of compensation are made by ITM for any or all use.
6. Understand that regular attendance is important for my child and the progression of the entire class.

Please Initial: \_\_\_\_\_ I am in receipt of the ITM Orientation Handbook, Dress Code Requirements, and Class Schedule.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

THIS REGISTRATION IS due by September 1, 2017. Late registration will be accepted September 2 – October 31, 2017. After October 31, the next registration will be for the summer program.