



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

REGISTRATION FORM Winter 2017/18 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., January 10-March 21 (no class on Feb 14)	\$220/person
_____ 5 Class "Out to Dance" – Rumba, Swing, Tango, Waltz Mondays 6:30-7:30 p.m., January 22 – February 19 <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
_____ 5 Class Salsa/Bachata Wednesdays 7:45 – 8:45 pm, January 17 – February 14	\$90/person or \$140/couple
Check or cash only. Please make checks payable to Inspiration to Movement Please register at least 1 week prior to class start date.	Total Due: \$_____

Over Please →



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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 _____