

INTUIT DANCE!

REGISTRATION FORM

Studio 1
237 Harrison Street
Oak Park, Illinois
studio# 708-524-0500
cell# 312-505-0186

Studio 2
7515 Madison Street
Forest Park, Illinois
info@intuitdance.org
www.intuitdance.org

NAME (PARENT/GUARDIAN)

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

STUDENT'S NAME

CHILD'S DATE OF BIRTH

CLASS #1

DAY/TIME/STUDIO

COST

STUDENT'S NAME

CHILD'S DATE OF BIRTH

CLASS #2

DAY/TIME/STUDIO

COST

METHOD OF PAYMENT

Please make checks payable to: 'Intuit Dance'. You may mail to either locale (Studio 1 or 2) or feel free to drop in our mail-slot at 237 Harrison, Oak Park. We accept Visa and MasterCard (although checks are preferred). Thank you!

\$

TOTAL AMOUNT ENCLOSED

CHECK #

CREDIT CARD #

EXPIRES

SIGNATURE

Allergies and/or Medical Conditions? Yes. No. Please describe in order to help us when working with you or your child:

Waiver and Release You or your child will be participating in a movement activity and as with all movement activities, there may be some risk of injury. While proper body alignment and safety while dancing is taught and reinforced throughout the session, there may be circumstances beyond the instructor's control. | By signing below, you will not hold INTUIT or it's teachers responsible for any injury you or your child may receive while participating in the movement activities. | By signing below you have informed the teacher of any and all previous injuries or medical conditions that the teacher needs to know in order to insure you or your children's safety while exercising.

Photo Release Intuit Dance is including photos of students, teachers, and studio activities on it's website and printed brochures. I understand that these pictures will be accessible to anyone with internet access, however, no names of subjects will be published.

☐ We/I hereby give permission for Intuit Dance to use photos on it's website, in brochures and/or electronic forms of communication.

PARENT/GUARDIAN/CLIENT SIGNATURE

DATE

PRINT NAME

CHILD'S NAME