



the center of motion

REGISTRATION FORM

For

THE CENTER OF MOTION

Dance classes held at Clairmont Presbyterian church

Please fill out and return to Millie

checks can be made out for \$250 to Millie Rhodes

CHILD INFORMATION

Name: _____ age: _____ date of birth _____

School: _____ grade: _____

Medical conditions: _____

PARENT INFORMATION

Parent names: _____ Email: _____

Address: _____ ZIP: _____

Phone numbers: (home) _____ (Cell) _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: (Cell) _____

WAIVER AND RELEASE FORM • THE CENTER OF MOTION DANCE CLASS

As the parent or legal guardian of (Name of Child) _____ I hereby give permission for my child to participate in the Clairmont Presbyterian Church Activities Program. I understand that Clairmont Presbyterian Church is a nonprofit charitable institution which is voluntarily presenting this program for my child, the other participants, and the community. I have explained the minimal risks and the benefits of dance to my child and my child is in proper physical condition to dance and has no existing injuries or conditions that could jeopardize his or her safety or health, or the safety or health of the other participants. I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in the Clairmont Presbyterian Church Activities Program, whether or not resulting from negligence, and I agree not to sue Clairmont Presbyterian Church, its representatives, staff or volunteers on any such claim. I also give permission for the staff, representatives, or volunteers of Clairmont Presbyterian Church to administer first aid or to seek medical care for my child during my child's participation in the program, and to take my child to a medical facility for additional treatment that appears necessary. I hereby agree that photographs of my child may be used for the promotion of, and for any purposes of, The Center of Motion, without any compensation to me whatsoever.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____