

GRACEFUL MOVES DANCE FITNESS ENROLLMENT CONTRACT 2011-2012 PLEASE PRINT

PRINT NAME: _____ DATE: _____

E-MAIL ADDRESS: _____ OVER THE AGE OF 18? YES NO

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: () _____ CELL: () _____

EMERGENCY CONTACT NAME: _____ PHONE: () _____

HOW DID YOU HEAR ABOUT US? COMMUNITY BOOK ADVERTISING FRIEND/FAMILY WORD OF MOUTH INSTRUCTOR OTHER

DID YOU SIGN UP THROUGH: UTICA COMMUNITY SCHOOLS SHELBY TOWNSHIP PARKS AND RECREATION

IMPORTANT MEDICAL INFORMATION

HISTORY OF HEART PROBLEM/HEART ATTACK:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	IF YES, LIST MEDICATION: _____
HISTORY OF STROKE:	<input type="checkbox"/>		<input type="checkbox"/>		_____
HIGH BLOOD PRESSURE:	<input type="checkbox"/>		<input type="checkbox"/>		IF YES, LIST MEDICATION: _____
BACK PROBLEMS:	<input type="checkbox"/>		<input type="checkbox"/>		_____
BREATHING PROBLEMS OR ASTHMA:	<input type="checkbox"/>		<input type="checkbox"/>		DO YOU USE AN INHALER? _____
ARE PREGNANT:	<input type="checkbox"/>		<input type="checkbox"/>		TRIMESTER: _____
SURGERIES within last 3 years:	<input type="checkbox"/>		<input type="checkbox"/>		IF YES, LIST: _____
ARTHRITIS:	<input type="checkbox"/>		<input type="checkbox"/>		IF YES, LIST MEDICATION: _____
JOINT or MUSCLE DISEASE/PROBLEMS:	<input type="checkbox"/>		<input type="checkbox"/>		_____

PLEASE LIST ALL RELEVANT MEDICATIONS OR MEDICAL INFORMATION NOT PRE-MENTIONED: _____

This section for STUDIO USE ONLY : _____ INITIAL BOX

<input type="checkbox"/>	FALL SESSION:	PACKAGE #: _____	TOTAL: _____	PAID: _____	<input type="checkbox"/>
<input type="checkbox"/>	HOLIDAY SESSION:	PACKAGE #: _____	TOTAL: _____	PAID: _____	<input type="checkbox"/>
<input type="checkbox"/>	WINTER SESSION:	PACKAGE #: _____	TOTAL: _____	PAID: _____	<input type="checkbox"/>
<input type="checkbox"/>	SPRING I SESSION:	PACKAGE #: _____	TOTAL: _____	PAID: _____	<input type="checkbox"/>
<input type="checkbox"/>	SPRING II SESSION:	PACKAGE #: _____	TOTAL: _____	PAID: _____	<input type="checkbox"/>
<input type="checkbox"/>	SUMMER SESSION:	PACKAGE #: _____	TOTAL: _____	PAID: _____	<input type="checkbox"/>

I hereby agree that Graceful Moves Dance Inc., along with its instructors, sub-contractors, employees, and staff holds no risk and is unaccountable for any injury, damage, or claims, whether foreseeable or not, sustained by myself, my children, students, family members, guests, or friends while participating in, observing, and traveling to or from events or classes held at Graceful Moves Dance Inc. As the parent/guardian/representative I hereby assume all risk(s) involved regarding the participation in the sport of dance and fitness and all other events held at or by Graceful Moves Dance Inc. I understand that there are absolutely no refunds, exchanges or returns. Full payment is due upon first class. I understand that there are other charges for services rendered by Graceful Moves Dance Inc. I hereby agree and understand that this contract is legally binding on all accounts. I hereby give permission for Graceful Moves Dance Inc. to use any photography and or video of events held within the studio or at functions hosted by the studio for promotional and /or advertising purposes. I as representative hereby assume ALL costs of damages that occur during said time of event. I have read and understand all rules and regulations of Graceful Moves Dance Inc. and hereby assume all responsibility of said student(s) or participant(s). **IN ANY OCCURANCE OF INJURY I GIVE PERMISSION FOR HOSPITAL CARE IF NEEDED AND APPROPRIATE.**

SIGNATURE: _____ DATE: _____

As parent/legal guardian of this minor (MUST BE OF 16 YEARS OF AGE) I waive & release any and all rights and claims or damages that may occur during participation of this program.

Parent/Legal Guardian SIGNATURE: _____ DATE: _____