



Movement Arts Class Registration Form

Full Name _____

Class name, location and session # _____

Address: _____ City & Zip _____

Sex: _____ Birth Date _____ email _____

May we add your email address to our e-newsletter list? Yes _____ no _____

Home phone _____ cell phone or work _____

How did you find out about Movement Arts? _____

Please list any previous training or study _____

Why have you decided to sign up for this class? _____

Please list any physical, mental or perceptual disabilities or problems, as well as any recent injuries or surgeries _____

Do you use any type of prescription medication? Please list and explain

Name and phone number(s) of an emergency contact

I, the undersigned, do hereby voluntarily assume full responsibility and waive all claims against Movement Arts for any injuries or losses that I may sustain as a member of this school. I understand that the school does not have insurance to cover costs of injuries. I understand that my health and safety are my personal responsibility and that an instructor may not always be present. I understand that training in the physical arts can be physically dangerous and that if an accident happened it could cause injury or death. I further agree that any pictures taken of me can be used by Movement Arts for publicity or promotion without compensation at this time or any other time.

Signature _____ Date _____

If mailing: send to PO Box 293, Silvana, WA 98287 360-435-7193