



## Movement Arts Class Registration Form

Full Name \_\_\_\_\_

Class \_\_\_\_\_

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 \_\_\_\_\_

Profession/Employer \_\_\_\_\_

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