



2023-2024 Fall Registration Form

286 GA-314, Fayetteville, Ga. 30214

Phone: 678-884-6418

Email: dancestudio119@vibezinmotion.com

www.vibezinmotion.com

ANNUAL REGISTRATION FEE: \$50. Annual Registration does not cover Monthly Tuition.

Please make checks payable to: Vibez In Motion. There will be a \$30.00 charge for any returned checks.

Student Name: _____ Class(es): _____

D.O.B.: _____ Registration Date: _____

Student Email: _____ Student Phone: (_____) _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian 1 Name: _____ Email: _____

Parent/Guardian 1 Name: _____ Email: _____

Home Phone: (_____) _____ - _____ Parent 1 Cell: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Parent 2 Cell: (_____) _____ - _____

Emergency Contact _____

(Not a Parent/Guardian)

Phone # of Emergency Contact: (_____) _____ - _____ Relationship: _____

All children can benefit, including children with communication, sensory, developmental or physical challenges

Medical Information: Medical Conditions and/or Disorders (please list all allergies, injuries, or anything ongoing along with a brief description):

Will you dancer be participating in our Annual Holiday & Spring Recital?: ☐ Yes ☐ No

How Did You Hear About Us? ☐ Google ☐ Facebook ☐ Instagram ☐ Other _____

WAIVER OF LIABILITY

Safety is the main objective, but any activity involving motion has a chance of accidental injury. I, the undersigned parent or legal guardian of the dancer(s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows and events offered by or attended by Vibez In Motion Dance Studio, LLC. I accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Vibez In Motion and its officers, owners, directors, employees, the owner of the facility in which Vibez In Motion exists and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer(s) listed above while participating at or for Vibez In Motion. Furthermore, I hereby give my permission to Vibez In Motion to use photographs and or videos of the dancer(s) listed above as deemed for promotion of Vibez In Motion Dance Studio, LLC.

INSURANCE & PERMISSION FOR TREATMENT

Vibez In Motion does not carry insurance for its students. It is required that all students be covered by their own family insurance policy and it is understood that if an injury does occur the student's own policy is your only source of reimbursement. My signature below indicates my certification that I have medical insurance on the dancer(s) listed above and will maintain continuous medical coverage while he/she dances at Vibez In Motion. I also authorize Vibez In Motion and its owners, employees, directors, etc. To use standard first aid procedures on the dancer(s) listed above and consent to any other medical procedures that are deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any Vibez In Motion related activity including but not limited to a Vibez In Motion class, competition, show, etc. (Please list your medical coverage info below....make sure that you inform Vibez In Motion if this info changes)

Insurance Company Name: _____ Policy# _____

Vibez In Motion Rules & Regulations

My signature below also indicates that I have read, understand and will abide by all general rules and regulations that are set forth by Vibez In Motion and its owners, employees and directors and any additional rules or requirements as set forth throughout the year.

Signature: _____ Date: _____

Fall Class Registration Continued.....