

ARTISTRY IN MOTION FOR THE PERFORMING ARTS, LLC (AIM)
Class Enrollment and Medical Release

Student Name _____ Birth date _____ Age _____

Mailing Address _____
 City _____ State _____ ZIP _____

How did you hear about us? _____

Mother's Name _____ Home Phone # _____

Cell Phone # _____ Work Phone # _____

Email Address _____

Father's Name _____ Home Phone# _____

Cell Phone # _____ Work Phone # _____

Email Address _____

Class/Camp	Day/Time	Class/Camp	Day/Time	Class/Camp	Day/Time

Please Read and Initial after each statement

*I accept the responsibility for the payment of tuition for the classes for which the above named student is registered. I understand that it is my responsibility to pay the tuition on a monthly basis or session basis as listed in the class descriptions/tuitions. Tuition is due on or before the 1st of each month and will be considered late after the 6th of the month. A late fee of \$10 per day will be posted to your account. _____

*Recognizing the risks of illness and injury inherent in any program, I am enrolling the above student in AIM classes/camps and understand that I am hereby waiving and releasing AIM, the owners/directors, Tami Taggart and Jeni Kemper, their family and AIM instructors from any and all claims, costs, liabilities, expenses or judgments, including any attorney's fees and court costs arising out of my participation in AIM programs on or off AIM premises or any illness or injury resulting therein. _____

*I hereby affirm that the above named student is in good physical condition and does not suffer from any disability that would prevent or limit participation in the enrolled classes/camps. _____

*I hereby grant the AIM staff permission to administer first aid help and/or call 911 in case of medical emergency while my child is attending classes, rehearsals and performances. I understand that AIM will attempt to first notify parents and guardians in case of emergency. I understand that in case of illness, injury, accident, or any other damage to the student/parent's person/property while participating in AIM sponsored activities on or off premises which may require attention by medical professionals, I will bear the expense personally or by insurance that I have provided for myself or family. _____

*I understand that classes with an enrollment of less than four (4) students are subject to cancellation or combine with other classes. _____

*I understand that registration fees, material fees, costume fees and pre-paid tuition are non-refundable and that there are no refunds or credits for missed classes. _____

*I understand that in order to drop a class, a drop class form must be given to the Directors two weeks prior to the month I wish to drop. Otherwise, I will be charged for that month. _____

*I permit AIM to use photos or video of my child and myself for promotional and advertising purposes. _____

By signing below, I agree to all the policies and procedures of Artistry in Motion for the Performing Arts, LLC as stated in the Policy/Procedure.

Parent/Guardian's/or Participant's Signature: _____

Date: _____

Office Use: TUTION: \$ _____
 Registration Fee: \$ _____
 TOTAL DUE \$ _____

AMT PAID: \$ _____
 Cash Check # _____
 Visa MasterCard _____