



2011/2012 Registration Form

This form serves as a Registration/Release form for all programs offered by Motion Express for the current school season: Sept. 1, 2011 – Aug. 31, 2012

Student #1 information:

First and last name: _____
Birth date: _____
Special concerns/allergies; _____
Primary Doctor: _____

Student #2 information:

First and last name: _____
Birth date: _____
Special concerns/allergies; _____

Student #3 information:

First and last name: _____
Birth date: _____
Special concerns/allergies; _____

Parents/Guardian

First names - mom: _____ dad _____
guardian: _____
Last Name(s): _____
Home Phone: () _____
Cell, mom (314) _____ Cell, dad (314) _____
Email: _____
Street address: _____

City: _____ State: _____ Zip: _____

Emergency Contact (other than parents)

First and last name: _____
phone () _____ Cell phone (314) _____

Medical Information: Health Ins. Carrier: _____

Student Agreements/Releases

- **Photography**

Periodically individual and group photos or videos will be taken of our students. Please sign below that you give permission to Motion Express to use such photos/videos for the purpose of publicity and advertising.

- **Assumption of Risk**

I understand that severe injuries can occur in sports, performing arts, activities that involve height or motion which are inherently present in dance and acrobatics. Being fully aware of these dangers I hereby give my consent for my child/children to participate in any and all programs offered at Motion Express. I promise to release and hold harmless Motion Express, Inc., its owners, teachers, assistance and demonstrators from any and all liability, claims, demands and causes of action whatsoever, arising out of or relating to any loss, damage or injury that may be sustained by the participant and/or the undersigned while in or traveling to and from our premises.

I hereby give permission to Motion Express, its owners and representatives to seek medical treatment for the participant in the event that they are not able to reach a parent or guardian.

By signing this form, I agree to the best of my knowledge that all information on this registration form is accurate.

Signature: _____ Date: _____