



**2016 Summer Programs  
Registration/Release Form**  
[motionexp@att.net](mailto:motionexp@att.net)  
314-843-2061

**Summer Dance programs**

Toddlers and Tutus (3-5 yrs)

\_\_\_\_\_ Camp 1 (July 5-7) \$85

\_\_\_\_\_ Camp 2 (July 26-28) \$85

\_\_\_\_\_ Summer Jazz Dance (6-8 yrs) \$55

\_\_\_\_\_ Pre-Pointe (11 and up) \$55

\_\_\_\_\_ Hip Hop (8 and up) \$55

Dancers Edge

\_\_\_\_\_ Intensive 1 (July 25-28) \$125

\_\_\_\_\_ Intensive 2 (August 15-18) \$125

**Tuition Total** \$ \_\_\_\_\_

**Student #1 information:**

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Special Concerns/Allergies \_\_\_\_\_

**Student #2 information:**

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Special Concerns/Allergies \_\_\_\_\_

**Student #3 information:**

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Special Concerns/Allergies \_\_\_\_\_

**Primary Care Physician/Health Ins. Carrier:**

\_\_\_\_\_

**Parent/Guardian Name:**

\_\_\_\_\_

**Parent/Guardian Name:**

\_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Parent/Guardian Cell ( ) \_\_\_\_\_

Parent/Guardian Cell ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (other than parents)

Name: \_\_\_\_\_

Home or cell phone ( ) \_\_\_\_\_

**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: \_\_\_\_\_