



# Art In Motion Reno LLC

## Registration Form Main Studio

Day/Class/Time:

Participant Name:  DOB:  Age:

Parent/Guardians Name:

Mailing Address:  City:

State:  Zip:  Email Address:

Home Phone:  Cell Phone:

Allergies/Medical Conditions:

Authorization for Emergencies: Please list any additional person(s) to contact in case of an emergency:

Name:  Relationship:  Phone #:

In case of severe life threatening injury, I do hereby give permission to the Art In Motion Instructor or staff to call emergency medical personnel or to call a physician for participant. I hereby agree to pay for such emergency care and request that Dr.  be called. The Doctor's phone number is .

I, the undersigned, parent or guardian, agree to waive, release and hold Art In Motion Reno LLC, all its agents harmless from all suits, claims, demands of liability of any kind and character arising out of and in conjunction with this program by Art In Motion Reno LLC. It is understood that recreational activities involve an element of risk or danger of accidents and acknowledging this, voluntarily assume all risks of injury to participants. I agree that my child or ward will adhere to all program rules.

I have read and understand Art In Motion's Policies and Procedures.

Signature:  Date:

**Office Use Only** Entered In Computer \_\_\_\_\_ Email Entered \_\_\_\_\_ Date Enrolled \_\_\_\_\_ Paid \$ \_\_\_\_\_ cash/ck# \_\_\_\_\_  
Reinstatement Fee \_\_\_\_\_ Registration Fee \_\_\_\_\_ Updated \_\_\_\_\_