



DANCE—ART IN MOTION REGISTRATION FORM

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 Washoe County or Art In Motion Reno LLC and 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 Washoe County Parks and Recreation Department. 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 of PARENT OR GUARDIAN

DATE

Office Use Only

Entered In Computer _____ Email Entered _____ Date Enrolled _____ Paid \$ _____ cash/ck# _____

Reinstatement Fee _____ Registration Fee _____ Updated _____