

InMotion Arizona



REGISTRATION FORM

Student Name : _____

School: _____ Teacher: _____ Grade: _____

Parent/Guardian: _____

Address: _____

Phone #: _____ Email: _____

I would like to receive emails about upcoming InMotion AZ classes: _____ YES _____ NO

Emergency contact (name & #): _____

Does your child have health concerns? ___ YES ___ NO If yes, explain: _____

After class, release my child to: _____ Parent Pick-up* _____ In-School Daycare _____ Walk/Bike home

*Pick up is immediately after class. Students whose parents are late, risk removal from the class without refund.

LIABILITY RELEASE I agree

By checking the box above, I hereby agree to the following terms and conditions. I hereby for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights against InMotion Arizona LLC for any injury or damage that may be suffered by me, my children adopted or otherwise, in connection with my association or entry in dance, or other activities sponsored by InMotion Arizona.

Signature: _____ Date: _____

PAYMENT: Please mail registration form along with check, payable to InMotion Arizona, to 2590 S Los Altos Dr., Chandler, AZ 85286. To pay by credit or debit card please register online at www.InMotionAZ.com. Class fees are non-refundable with the exception of class cancellation.