



*Change your tomorrow
by Moving Forward today*

CLASS REGISTRATION FORM

Section I	REGISTRANT INFORMATION	Date: _____
Name: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
Home Phone (____) _____ Cell (____) _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ Age _____		
Check Appropriate Box: <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____		
Emergency Contact: _____		
Relationship _____ Phone _____		
Any health conditions or medications that may limit activities?..if so, please list: _____		
Email Address: _____		

Section II	CONSENT
<p>During the course of the class of Moving Forward Milwaukee, LLC (MFM)/Above The Clouds, Inc., Greater Galilee Community Development Corp. & Greater Galilee Missionary Baptist Church, we from time to time will take video and still photos to be used for promotional, instructional, public relation materials, social media, or any other purposed allowed by the law. Participants will not be notified a head of time if footage will be used. In addition, there is no compensation to be paid for any of the photos or videos used by MFM, Above The Clouds, Inc., Greater Galilee Community Development Corp. & Greater Galilee Missionary Baptist Church.</p>	
<p><input type="checkbox"/> I consent to the use of video and still photography. <input type="checkbox"/> I DO NOT consent to the use of video and still photography.</p>	
<p>I hereby RELEASE and DISCHARGE that Moving Forward Milwaukee, LLC/ Above The Clouds, Inc., Greater Galilee Community Development Corp. & Greater Galilee Missionary Baptist Church from any and all liability, claims, demands or causes of action that you/family members may have for injuries and damages arising out of the activities, or information herein arising out of the above class. There are no medical or physical conditions that might prohibit me from participating in any MFM classes or would be against doctor's recommendation. I also understand that I may be taken out of any class(es) without prior notice if found to be endangering, threatening, or indicating acts of violence to other participants, instructors, or to any site listed above.</p>	
<p>By signing below, I am agreeing to the above consent and that all the information on this sheet is accurate to the best of my knowledge.</p>	
<p>_____ Signature</p>	<p>_____ Date</p>

Class cost: \$35.00 per person

Registration and Payment (non-refundable) are due by the beginning of first class. Cancelled classes will be rescheduled if conducive to all parties involved.

**Make checks payable to: [Moving Forward Milwaukee](#)
Please return form along with payment to address below.**

**Office located inside Above The Clouds, Inc. * 2432 North Teutonia Ave., Condo #2 * Milwaukee * WI * 53206 *
414-344-3019 movingforwardmilwaukee@gmail.com**

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