Summer Registration 2024
Classes, Ballet Workshops, Deviate, Intensive

Student Name:_____ Student Gender:_____

Date of Birth:_____/_____/_____   Age:_____

Dance Experience:_____

Primary Email:_____

Mailing Address: _____

City:_____ Zip:_____

Parent Name: _____ Relationship: _____ Cell:

_____ Parent Name:_____ Relationship:_____

Cell: _____ How did you hear about us?

_____

Medical Conditions: _____

I agree to be responsible for all tuition for the above named student until I notify On Edge Movement, LLC of the withdrawal of the above named student in writing or in person. I hereby release On Edge Movement LLC, its owners, teachers, and anyone else connected with On Edge Movement from any liability of accident or injury occurring on or around the studio premises and/or at any function/location in conjunction with the studio. I declare the student named above is in good health and can participate in the enrolled classes. I understand that dance is a physical activity and injuries can occur. I have taken necessary steps to obtain health, accident, hospital, and/or other insurance, which would cover any sustained injuries. In the event of an emergency, if I am unable to be contacted, I give On Edge Movement, LLC permission to obtain medical services for this student. I understand there are no refunds. I hereby give permission for my child's photo or video to be used for OEM's advertising purposes. I have read the Rules & Regulations, Dress Attire, and understand/agree to all the rules therein. There are NO REFUNDS on any dates missed.

Parent Signature (if under 18): _____ Date: _____

Circle ***_Specific_*** Weeks:

Week 1: June 10-12   /   Week 2: June 17-19   /   Week 3: June 24-26   /   Week 4: July 8-10

Week 5: July 15-17*   /   Week 6: July 29-31*   (Closed week of July 4th and July 22nd)

Ballet: June 17- 20   /   Ballet: July 8-11   /   Deviate: July 15-18   /   Intensive: July 29-Aug 1

Class: _____   Day/Time: _____

Class: _____   Day/Time: _____

Class:_____   Day/Time: _____

Class:_____   Day/Time: _____

Class:_____   Day/Time: _____

Class:_____   Day/Time: _____

Class:_____   Day/Time: _____

Class:_____   Day/Time: _____

Class:_____ Day/Time: _____

TOTAL HOURS: _____   Sibling Discount: _____