

Today's Date: _____

For AiM Administrative Use Only: JR CC SCH: DI/5/10/20 PM: CK/CCJR/CCFD/CSH

How did you hear about us?

Referral (Name) _____
Internet Search Engine
Social Media (Facebook, Twitter, etc.)

Website
Drive by
Neighborhood Market Magazine

Newspaper article/ad
Phone book

Yoga Essentials

Be on time for class



Be mindful and quiet as you enter the room and set up your mat



Bring your own personal yoga mat



Wear bare feet and clothes that allow for movement but are not baggy so the teachers can see your alignment



Remember to breathe

STUDENT INFORMATION: (Please Print Clearly) *denotes required field

*Name _____

*Cell/Work Phone (_____)_____-_____- *Home Phone (_____)_____-_____-

*E-mail address(es) (for inclement weather notifications): _____

*Street Address _____ *City _____, MO

*Zip _____ DOB ____/____/____ Gender M F

Emergency Contact: *Name _____ *Phone _____

Previous dance/yoga experience _____

Special Notes (allergies, past injuries, asthma, fainting, etc.) _____

Purchasing a class series is a great way to commit to wellness!

CLASS SCHEDULE & FEES:

Class availability/time is subject to change.

Balance & Restore Yoga: **Wednesdays 7:15-8:15pm**

Payment Options*	Rate	Expiration
Drop In	15/class	n/a
5 class series	65	2 month expiry
10 class series	120	4 month expiry
20 class series	200	6 month expiry

**Sorry, Arts in Motion will not issue refunds or credits for unused classes or expired class passes.*

PHOTOGRAPHY RELEASE: (REQUESTED, BUT OPTIONAL...)

I do hereby grant permission to Arts in Motion (AiM) to photograph me. If photographed or filmed, my image may possibly be used in promotional media, including printed brochures, advertisements, and AiM's web page. I will not be identified if my image is used for promotional purposes.

Participant's Signature _____ *Date:* _____

LIABILITY WAIVER & MEDICAL RELEASE:

Participant's signature is REQUIRED on both of these paragraphs for enrollment in any of AiM's programs.

Medical Release

I do hereby grant permission to Arts in Motion and their respective agents and employees to secure such medical aid and hospital services as they deem necessary for myself in the event I should sustain injury or illness while attending Arts in Motion classes, camps, or rehearsals. I realize that every effort will be made to contact my emergency contact person first in the event of a medical emergency. I have also indicated on this form any medical information of which Arts in Motion should be aware in consideration of my physical and mental well being.

Participant's Signature _____ *Date:* _____

Insurance & Legal/ Liability Waiver

AiM does not carry medical insurance for its students. Although all activities are performed with the students' safety as the utmost concern, all students are required to be covered under their own family's insurance policies. If an injury should occur, you will only be compensated through your own family insurance policy. By enrolling in classes or camps, you are indicating that you accept the following:

I understand that there is a risk of injury with the participation in any dance or yoga class or rehearsal. I certify I am in good health and able to participate fully in physical activity such as dance or yoga.

I acknowledge that I have carefully read the above statements. I understand that I am waiving my right to bring legal action and to assert any claims against Arts in Motion, LLC, its respective agents or employees, for any and all negligence, loss, liability, damage, or personal injury, including death, that may be sustained by me as the participant, while in or upon the premises or any premises under the control of Arts in Motion, LLC, its owners or agents, or en route to or from any said premises.

Participant's Signature _____ *Date:* _____

COMPLETE YOUR REGISTRATION:

Please return: 1) Completed and signed registration forms and 2) Payment via personal check for your chosen payment option to:

Arts in Motion

3205 S. Brentwood Blvd, 2nd Floor

Webster Groves, MO 63119

Please consult our website at www.artsinmotion-stl.com, where you can find much more information, including directions to our facility, studio policies, studio calendar, and class descriptions. If you have purchased a class pass, we will hold it for pick up at your first class.

For any further questions or concerns, feel free to contact us at 314.968.4583 or artsinmotiondance@att.net

Thanks and we look forward to seeing you the first week of classes!

ARTS IN MOTION