

**On Edge Movement 21-22 Registration**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ Age: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Dancer Telephone # \_\_\_\_\_

Parent #1 \_\_\_\_\_ Cell # \_\_\_\_\_

Parent #2 \_\_\_\_\_ Cell # \_\_\_\_\_

Primary Email: \_\_\_\_\_

How did you hear about OEM? \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

I agree to be responsible for all tuition for the named student above. I understand that tuition is due on the 1st of each month, and a \$10 late will be owed if not received by the 10th. If withdrawal is necessary, I will notify On Edge Movement, LLC in Writing. Notice must be given on the 1st of the month before the termination date (30 day notice). On Edge Movement, LLC retains the right to keep the student/s enrollment status active and charge accordingly if withdrawal occurred prior to the notice being given. There is no refund on any tuition.

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 have read the Rules & Regulations and Dress Attire information, which is posted on the bulletin board in the lobby and on our website, and understand and agree to all the rules therein. I have also read the On Edge Movement Financial Policies 2020-21 and understand and agree to all the policies therein.

I hereby give permission for my child's photo or video to be used for OEM's advertising purposes.

**Parent Signature (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list the class(es) you would like to enroll in:

Class	Day/Time	Teacher
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Payment Method: For Automatic Payment ONLY (a 3% transaction fee is added to credit card payments)

Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_

Circle One: Visa      Master Card      Discover      Exp Date: \_\_\_\_\_

**OFFICE USE:**

Registration Fee: \$30.00 \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_ Sibling Discount: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

	Amount:	Payment Type:	Date:
Sept			
Oct			
Nov			
Dec			
Jan			
Feb			
Mar			
April			
½ May			