Summer Registration 2023

Classes, 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	8):	Date:

<u>Circle</u>	***Specific*** W		Wee	<u>eeks You Will Attend:</u>				
	1	2	3	4	5*	6	7*	
Class:					Day/Time	e:		
Class:		<u></u>			Day/Time	e:		
Class:					Day/Time	e:		
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Class:					Day/Time	e:		
TOTAL HOURS	5:							
Registration Fe	egistration Fee: Sibling Discount:							
Week 5 - Deviate Dance - July 10-13 - \$375 Sr/Tn, Jr, Mini - \$225 Micro								
Week 7 - Intensiv	/e - Jul	y 31-Aug	g 3 - \$27	75 Sr/Tr	n, Jr, Mini			

TOTAL: \$_____