

Summer Registration 2026

Classes, College Clinic, 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 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 8, 10 / **Week 2:** June 15, 17 / **Week 3:** June 29, July 1 / **Week 4:** July 6, 8

Week 5: July 13 (only ** classes) / **Week 6:** July 27, 29 / **Week 7:** August 3, 5

College Clinic: May 13 (\$35) / **College Clinic:** May 21 (\$35)

Ballet Workshop: June 15-18 (\$475) / **Ballet Workshop:** July 6-9 (\$475)

Deviate Dance: July 13-16 / **Intensive:** Aug 10-13

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:** _____