

Movement Arts Center (MAC) Registration Form

3609 Medina Road, Medina, Ohio 44256 Tel: 330/725-2873

- Please fill out form completely and return to the Movement Arts Center along with payment.
- Parent/Adult Student agrees to permit the MAC to use photographs and/or video for public relations and media use related to the MAC only.
- Please read and sign policies page and send with payment.

Please complete the following:

Student Name: _____ Date of Birth: _____

Address: _____

City, Zip: _____

Parents' or Guardian Name: _____

Phone (Home): _____ (Work) _____

Email Address: _____

Emergency Contact: _____ Emergency Phone: _____

How did you hear about the MAC? _____

Previous Training: _____

Classes: _____

Check enclosed - make checks payable to CSARDAS Dance Company (\$20 returned check fee)

____ Visa ____ MasterCard Account Number _____ Exp Date _____

Name on Card _____ Signature _____

Injuries/Medical Conditions (if any): Please attach a written explanation to this registration form.

I, _____ have enrolled _____
(your name) (student name)

in a program of strenuous activity, offered by Csardas Dance Company/Movement Arts Center. I hereby affirm that I or the above named person(s) are in good physical condition and do not suffer from any disability that would prevent or limit participation in this exercise, aerobic, dance or fitness program. In consideration of my or the above named person's participation in one of these programs, I, for myself, my heirs and assigns, hereby release Csardas Dance Company/Movement Arts Center, the directors and employees from any claims and causes of action arising from my or the above named person's participation in any of the above stated programs, and hereby release Csardas Dance Company/Movement Arts Center, the directors and employees from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee or lower back or foot injuries and any other illness, soreness or injury, however caused, occurring before, during or after participation in any of the above stated programs offered by Csardas Dance Company/Movement Arts Center or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented or organized by Csardas Dance Company/Movement Arts Center, the directors or employees for any reason. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Date
Signature of parent or legal guardian if student is under age 18, or student age 18 and older.