

Bodiography Center For Movement 2009-2010
Registration Form

Name _____

Address _____

City, State, Zip _____

Phone _____

E-Mail (We are going GREEN!) _____

Register For

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Previous Experience _____

Parent's Name _____

Phone _____

Emergency Contact _____

Phone _____

Allergies/Physical Acknowledgements _____

With this signature I release Bodiography Center for Movement including its instructors, directors, and administrative staff from any and all liability concerning physical injury-damage-loss of property. This signature also grants unlimited permission and releases all rights for my child/myself to participate in any media efforts on behalf of Bodiography Center for Movement and Bodiography Contemporary Ballet. If a student should become injured it is at the discretion of the faculty to decide the appropriate participation during future class time.

Signature _____