



Momentum

"the soul of dance and performing arts"

Student # _____
Today's Date _____

Last Name _____ First Name _____ Middle Initial _____

School _____ Grade _____ Birth date _____

How did you hear about us? Please circle.

Yellow Pages.....Internet.....Print Ad.....Newspaper.....Personal Reference by _____

PARENTS/GUARDIANS: Address correspondence to:

Last Name _____ First Name _____ Relationship _____

Address _____

City _____ Zip _____

Home Phone _____ Cell _____ Alternate Cell _____

Email Address _____

Emergency Info:

Last Name _____ First Name _____ Relationship _____

Phone _____

Medical Problems or Learning Considerations? _____

Medications? _____ Momentum cannot dispense meds or aspirin

Please circle one: Student **May** or **May Not** be photographed for use in advertising, website or other media based publication.

Student participates at own risk. Momentum is not liable for any injury resulting from normal activity in dance classes.

Student/Guardian agrees to Tuition and Attendance Policies and Procedures.

Parent Signature or Student, if over 18 _____

Class 1 _____ **Day & Time** _____ **Instructor** _____

Class 2 _____ **Day & Time** _____ **Instructor** _____

Class 3 _____ **Day & Time** _____ **Instructor** _____

Class 4 _____ **Day & Time** _____ **Instructor** _____

Class 5 _____ **Day & Time** _____ **Instructor** _____

Class 6 _____ **Day & Time** _____ **Instructor** _____