

# MOVEMENT & SOUND DANCE LLC

1388 Busch Parkway, Buffalo Grove IL 60089

847.404.4133

[www.movementandsounddance.com](http://www.movementandsounddance.com)

movementandsounddance@gmail.com

## Registration Form

Child's Name \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Parents' Names \_\_\_\_\_

Parents' Phone # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Class/Day/Time	\$ Fee
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_____	
_____	
_____	
_____	
_____	
_____	

<b>ANNUAL REGISTRATION FEE</b>	<b>\$ 30</b>
<b>SUBTOTAL</b>	<b>\$</b>
<b>DISCOUNTS</b>	<b>\$ -</b>
<b>TOTAL</b>	<b>\$</b>

Please make checks payable to Movement & Sound Dance LLC

CC# \_\_\_\_\_ Exp \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

Movement & Sound Dance LLC  
1388 Busch Pkwy  
Buffalo Grove, IL 60089

Please fully complete and sign the Participant Waiver on the back side of this form. Thank you!

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## Participant Waiver

I/We, on our own behalf and as the guardian of

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hereby release Movement & Sound Dance LLC, its agents and employees from all liability in respect to personal injury, illness, or property damage that may be incurred, occurring on or off of the classes' premises. In the event that I cannot be reached in an emergency involving the above named participant, I hereby give permission to the appropriate medical personnel selected by the program leader to provide medical treatments deemed necessary by such personnel.

I certify that my child is in good health and capable of participating in all class activities. I hereby give permission for Movement & Sound to take photographs for the promotional use of the business.

Parent/Guardian Name(printed)\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_

Date\_\_\_\_\_

list any allergies or medical conditions below: