



## ADULT REGISTRATION FORM

Student Name	
D.O.B/Grade	
Street Address	
Home Phone	
Emergency Contact Name	
Emergency Contact Phone Number	
Work Phone	
Email Address	
How did you hear about Integral Ballet?	
Class Description	
Day and Time	

### Rules and Policies:

Trial classes are \$15. Monthly tuition payments due at the 1st of each month and other classes must be paid in full before participation. Integral Movement Arts reserves the right to drop a registrant from enrollment due to nonpayment, disruptive behavior, excessive absences, improper attire. Classes with three or less students are subject to shortening. Class and level placement is at the discretion of Integral Movement Arts staff. No gum chewing, food or street shoes are permitted in the studio. Family and friends are not permitted in studio unless invited and announced. Students must wait inside the building while waiting for parents to pick up. Please bring your own mat for yoga and Pilates.

See your current schedule for a list of studio closings. Refer to current tuition schedule for pricing. Pricing is subject to change. Integral Movement Arts generally follows the Bellmore-Merrick Central High School District for closings. Closings are also announced on the website and Facebook page. Students and parents should call 631-645-3708 for closing information. All yoga students must pre-register and pre-pay for each class.

I have read, understood and am in agreement with all of the information contained in this form. (I give my child, who is in good health, permission to participate in dance and movement classes at Integral Movement Arts.) I authorize Integral Movement Arts to publish photographs taken of me or my child for publicity purposes. Neither the child, nor I, will receive compensation for published photographs. I agree to the tuition payment terms listed above and am responsible for payment (all accounts must be paid in full by May 1st). I understand that dance and yoga are physical activities and I hereby affirm that am in good physical condition and do not suffer from any known condition that would limit my ability to participate. I understand that I may be injured as a result of my enrollment and subsequent participation in this program/class/workshop. I hold Integral Movement Arts, its teachers, staff and school, harmless for any and all injuries arising out of participation in any class(es) or other related activities away from the school. In such event, I further agree that the cost of such medical services shall be borne exclusively by myself. I hereby authorize Integral Movement Arts to take any necessary steps to make medical attention available, including physicians, hospitals or any other medical services, and Integral Movement Arts shall have full discretion to make such a decision. Photographs and videos of students from the school may be used for publicity in the future. I have listed below any and all medical problems concerning the student.

Student/Participant Signature and Date \_\_\_\_\_

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

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