## 2010-2011 Registration Form — North Aurora — 264-6300

Student Name _____ Date _____

Phone # _____ Work # _____ Emerg # _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Age _____ Grade _____ Parent's Name _____

**Email address** _____

| CLASS CODE # | CLASS NAME | DAY | TIME | TUITION |
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Sub Total _____

Discount *(if applicable)* – _____

Annual Registration Fee: $20.00

**Total Due** _____

**How did you find out about Moves?** _____

### 8 WEEK TERM FEES

**All classes are based on $14.00 per hour**

1/2 hour class — $56.00
45 minute class — $84.00
1 hour class — $112.00
1-1/4 hour class — $140.00
1-1/2 hour class — $168.00

**ADULT CLASSES**
Pilates and Yoga – $10.00 per class

**TUITION IS NON-REFUNDABLE**

- **Multi-Class discount Individual or Family**

**4 to 5 class hours per week = 5%**
**6 or more class hours per week = 10%**
**Tuition based on 8 week term.**

- All missed classes must be made up within current term.
- All fees are payable in advance and must accompany registration.
- The credit card authorization form located on the back of this form must be filled out and returned along with the registration form in order for the registration to be valid.
- If you have any questions regarding class placement or registration procedures, please call (630) 682-3600 or (630) 264-6300.

**THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED FOR REGISTRATION TO BE VALID**

# MOVES - *Credit Card Authorization Form*

**A guaranteed credit card is required for enrollment at Moves.**

There are two options for payment of future tuition.

_____ I grant permission for **automatic billing** for tuition due one week prior to the start of each new term to the guaranteed credit card below.

_____ I do not want automatic billing of fees and agree to have all tuition paid for each new term the week prior to the start of each new term. **I do, however, agree to have my guaranteed credit card charged if payment by another method has not been received prior to the start date of each new session within the 2010-2011 terms. (See calendar of events for 2010-2011 term start dates.)**

This Authorization Form is void only:

- in the event of ***notification by a parent*** of ***termination of enrollment.*** Notification of termination of enrollment must be made PRIOR to the last day of the student's current term and must be in writing.

**OR**

- at the ***end of the 2010-2011 dance season*** on June 3, 2011.

_____Visa _____Master Card Name on Credit Card _____

Credit Card Number: _____ Exp. Date: _____

_____ _____
Signature of Credit Card Holder date

**Waiver & Photo Release:** In attending Moves dance studio/program, taking dance or exercise classes and otherwise using the facilities and equipment therein, I do so at my own risk. MOVES shall not be liable for any damages arising from personal injuries incurred by me in, on or about the premises of the MOVES dance studio/program relative to my attendance at the dance studio, taking dance or exercise classes or otherwise using the facilities and equipment therein. I assume full responsibility for any injuries or damages which may occur to me in, on or about the premises of the MOVES dance studio/program, and I do hereby fully and forever release and discharge MOVES, its shareholders, directors, officers, dance instructors, employees and agents from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my use of said MOVES dance studio/program, dance classes, facilities and equipment thereof. In Addition, for valuable consideration received, I grant to Moves, A Dance & Fitness Studio, Inc., the unrestricted right to use and publish photographs or video footage of me, for PR, promotional use, editorial, trade, advertising for Moves and Moves projects, books, lecture-slide show and website in any manner and medium. I hereby warrant that I am of full age and have the right to contract in my name. In the case of a minor, I warrant that I have every right to contract for the minor. I hereby release Moves, A Dance and Fitness Studio and assignees from all claims and liability relating to said photographs.
I HAVE READ THE ABOVE TERMS OF THIS AGREEMENT, UNDERSTAND SAME AND AGREE TO BE BOUND BY EACH AND EVERY ITEM.

Signature _____ Date _____ Print Name _____