



REGISTRATION 2021- 2022

Name of Student: _____ Age: ____ Grade: ____ Date of Birth (if under 18): _____
Mailing Address: _____ City/Town: _____ Zip: _____
Home Phone: _____ Cell: _____ Work _____
Mother: _____ Father: _____ Guardian/Responsible Party: _____
School/Occupation: _____ Primary E-mail: _____

How did you hear about us? Internet: ____ Print Ad: ____ Social Media: ____ Referral: ____ Other: ____

By signing, you understand that ALL communications from Way 2 Move will be made via E-MAIL only.

Get 10\$ off your monthly tuition every time a friend registers in!

Method of Payment:

- Monthly Payment debited from Credit/Debit Card - 3% Additional Charge
 Monthly Payment debited from ACH - Bank Account.

Agreement for Participation

Please indicate any serious allergies or medical conditions that we need to be aware of _____
If there is a possibility that your child might require any medications, please attach a detailed description of the condition, the medication with dosage required. Include Physician's name and number.

Tuition is based on classes assigned for number of classes a week. **The last payment is due in June of every year (If your child participate in the show, JUNE is fully charged) But if your child is part of Competitive Dance Team, will fully pay until July, for training to Nationals. TUITION IS DUE REGARDLESS OF SCHOOL VACATIONS, OR FAMILY TRIPS.** Your child is welcome and encouraged to make up missed classes at their assigned level on any alternate days. Ask your child's teacher or administration to schedule your make up class within one month of their absence, and on the same group of age. **Additional Fees:** If your automatic payment is set up with a credit card, there will be an additional fee of 3% charge per transaction. **Drop Off, Add Up Classes:** If you want to add any extra classes to your child or ADJUST the ones your child is signed up to, you must notify at the beginning of the month so adjustments can be made to our automatic system: otherwise, no refunds will be made.

Dress Code: All W2M Dancers **MUST** come to class with their respective uniform. GIRLS: Black Leotard, for ballet, jazz, and technique, and W2M tank, top or t-shirt and Black Shorts or Leggings for Hip Hop, Mobility & Calisthenics, Black Skirt and Leotard for Ballroom. BOYS: T-shirt, black sweat pants, Spandex T-shirt and Long line black shorts for Jazz & Ballet. **If dancers don't come with appropriate attire, won't be accepted in class.** We believe in Discipline and this is one of our values. So please, bring your child with their appropriate uniform and correct hair do.

____ (Initials) I give permission for my child's photo/video to be taken for archival and promotional purposes.

____ (Initials) I understand that dance classes may include, without limitation, dancing with props, stretching, across the floor combinations, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury.

____ (Initials) Creative GYM LLC - Way 2 Move is not responsible for personal property.

____ (Initials) I have received the students handbook and agree to adhere to all the content stated therein including: Studio Policies, Tuition and Payment Information, Dress Code, Calendar etc.

____ (Initials) I agree to be responsible for reading studio policy, correspondence and respecting deadlines, if applicable.

____ (Initials) I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____

CREDIT CARD / ACH - PAYMENT AUTHORIZATION

I fully understand and agree to the terms stated above and acknowledge that Creative GYM LLC will charge my invoice on the referenced credit card every 1st of the month. Creative GYM LLC does not make any refunds. If you wish to discontinue, a two weeks written notification before the end of the month will be required, otherwise, the month will be fully charged.

Annual Individual Registration FEE \$35 - \$55 Siblings

Re-entry Fee: \$25 per student - \$50 Siblings. (One time only every year).

Please select one of the following payment options:

ACH Draft Authorization

Bank Name: _____.

Bank Routing Number: _____.

Bank Account Number: _____.

Please Select One:

Checking Account:

Savings Account:

Billing Address: _____, City _____, Zip Code _____.

Credit Card Authorization

Name as it Appears on the Card: _____.

Please Select One: Visa / Master Card / Discover

Credit Card Number: _____.

Expiration Date: _____ CVV Code: _____.

Billing Address: _____, City _____, Zip Code _____.

Print Name: _____ Signature: _____ Date: _____



COVID-19 WAIVER OF LIABILITY AND INDEMNIFICATION

1 - I agree that I am personally responsible for my safety and actions while visiting Way 2 Move. I agree to comply with all Creative Gym LLC policies and rules including but not limited to all guidelines, signage, and instructions. Because Creative Gym LLC is opening at a 30% of its capacity to be used by other individuals, I recognize I am at risk of contracting COVID-19. With full appreciation of the risk involved, I, for myself and on behalf of my Family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue Creative Gym LLC, Owners, independent contractors or employees from any and all liability, claims, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, illness or injury, including death that may be sustained by me related to COVID-19 whether caused by the negligence of the Released Parties, any third-party using Creative Gym LLC premises or otherwise, while participating in any activity while in or around Way 2 Move.

2 - I Agree to indemnify, defend, and hold harmless and Release Parties from and against any and all cost, expenses, damages, claims, lawsuits, judgments, losses and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to illness, bodily injury, death loss of use, monetary loss, or any other injury from or related to visiting Way 2 Move and its equipment or materials, whether caused by the negligence of the released Parties or otherwise specifically related to COVID-19.

3 - By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, Understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and indemnification requirements contained in this document: I am sufficiently informed about the risks involved in using Way 2 Move to decide whether to sign this document, no oral representation, statements, or inducements, apart from the foregoing written agreement, have been made.

4 - I/we realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Creative GYM LLC doing business as "Way 2 Move" Dance & Wellness Center at Doral, FL, 33172. I/we agree to release and hold harmless Creative GYM, LLC and Way 2 Move, including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold Creative GYM LLC or "Way 2 Move" liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Creative GYM LLC or "Way 2 Move". I understand that Creative GYM LLC or "Way 2 Move" are licensed, accredited and insured organizations. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the Executive Director, Artistic Director, instructor or staff member as soon as possible.

Dancer's Name: _____ Age _____
(Print)

Parent/Guardian Name: _____ Phone: _____
(Print)

Parent/Guardian Signature: _____ Date: _____