

# Art of Movement

Dance Studio

Welcome to the Art of Movement Dance Studio! We are excited to offer high quality dance education and creative movement classes to our community. We are located in downtown Bryan, Ohio across from the Bryan Arts & Education Auditorium on Beech Street. **Our Fall Creative Movement Session, for children ages 2 ½-3 years old, will run September 7<sup>th</sup> – December 21<sup>st</sup> on Saturdays from 9-9:30am.**

Creative Movement has many benefits that will help your child develop cognitive and motor skills. We will provide a safe and supportive environment where each child feels comfortable to let his or her individual light shine. In this class we will learn class rules and etiquette, create greater body awareness, develop strength and flexibility, all while exploring movement as a creative outlet.

Please review the attached information. Complete and mail in your registration for our Fall Session (September-December), liability waiver, and full payment (**\$100**) by June 30<sup>th</sup> to: Art of Movement Dance Studio 119 South Beech Street Bryan, OH 43506. All registrations submitted after June 30<sup>th</sup> should include a payment of **\$105**. By submitting your registration, you are agreeing to comply with the Art of Movement Dance Studio's policies as well as agreeing to our tuition fee. A liability waiver is also included and needs to be returned signed by a parent/guardian for each child with your registration form.

We invite you to join us on **August 7<sup>th</sup>**, 4-8pm, for an Open House at the studio. It's a great time to see the studio and meet your teacher!

If you have questions or concerns, please feel free to reach out to Miss Emily. We look forward to another year providing a creative, positive, and healthy experience to our students and community!

My Best,

Emily Eschhofen

*Owner of Art of Movement Dance Studio/ Lead Teacher & Choreographer*

*info@artofmovementdancestudio.com*

*www.artofmovementdancestudio.com*

*419-551-2456*

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## 2019 Fall Creative Movement Registration Form (Ages 2 ½-3 years old)

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

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

### Emergency Contact Info:

#1 Contact's Name & Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

#2 Contact's Name & Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

### Social Media Photo/Video Release

We would like the opportunity to share photos and videos of the dancers on our social media outlets, but first want to be sure it's okay with you! Please fill out the following.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

**give/do not give** (circle one) *Art of Movement Dance Studio* permission to share photos and videos of my dancer through their social media outlets. I understand that I can change my mind at any time by notifying the studio in writing.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

#### **Registration Fee due with form:**

**\$100 tuition payment if turned in by 6/30/19**

**\$105 if turned in after 6/30/19**

***Checks made payable to Art of Movement Dance Studio***

**OPEN HOUSE AUGUST 7<sup>th</sup>**

**4-8pm**

**Creative Movement Classes**

**begin September 7<sup>th</sup>!**

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## Liability Release

### LIABILITY WAIVER

I, \_\_\_\_\_, recognize and understand the risks of physical injury inherent to dance and dance training and I agree to fully assume those risks. I hereby release The Art of Movement Dance Studio, its agents, affiliates, directors, members, employees, and instructors from any and all liability for injury, illness, loss, damage, obligation, expense or penalty, including reasonable attorney fees, which may be sustained by me or my child in connection with my or my child's attendance at or participation in any dance, creative movement, or yoga classes, rehearsals, workshops, or performances.

Initials \_\_\_\_\_

### INDEMNIFICATION

I hereby agree to indemnify, defend, and hold harmless The Art of Movement Dance Studio, its agents, affiliates, directors, members, employees, and instructors for all liabilities, costs and judgments arising from any negligent or intentional acts or omissions committed by me or my child which result in injury or damage to any person or property.

Initials \_\_\_\_\_

### ACKNOWLEDGEMENT OF WAIVER

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of this document by reading it in its entirety before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the written statement, have been made. I further state that I am at least eighteen (18) years of age and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my or my child's participation in this activity, and that I will pay any medical costs that may be attendant as a result of injury to me or my child.

Initials \_\_\_\_\_

### **PLEASE PRINT CLEARLY**

Printed Name of Participant \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

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## **Code of Conduct**

At the Art of Movement Dance Studio we treat each other with the highest respect. We are a dance/movement family that supports one another and does not attempt to bring anyone down. We lift each other up with encouragement and love. Any misconduct at the studio will be dealt with appropriately and reported to the parent/guardian(s) of the dancer(s) involved.

It is important that everyone show respect to the facility and help us keep it clean. All shoes and other belongings will be stored neatly in the cubby area in the lobby. Only dance shoes or bare feet are allowed on the dance floor in the studio.

We encourage parents to stay in the lobby during class for the first few classes to ensure your child is comfortable. We will have an observation day where families will have an opportunity to see what we're up to by watching part of class.

## **Attendance Policy**

If your child is ill, please keep them at home. If your child is staying home from class due to illness, please call or email the studio at (419-551-2456 or [info@artofmovementdancestudio.com](mailto:info@artofmovementdancestudio.com)) and let us know.

If any other conflict comes up that will require your child to miss class, please submit that information in writing, in advance if possible. If it is a last-minute conflict, please contact the studio.

## **Dress Code**

There are no special shoes or attire required for our Creative Movement classes. We ask that your child wear socks or have bare feet in class and wear clothes that they can easily move in. For long hair, it is a good idea to wear it pulled back out of their face.

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