Genesis Arts LLC Registration Form/Client Information:

9194 J Red Branch Rd, Columbia, MD 21045 Phone: 443 750 1332 Email: genesisarts5@gmail.com Website www.genesisarts.net

Date of Registration_____ Staff Notes_____

Student(s) Name_____Parent/Guardian Names_____

Address_____ City_____ Zip Code_____

Cell Phone_____ Work Phone_____ Birthdate (s)_____

E-mail_____ Dance Experience_____

Medical Conditions/Medications_____How did you hear about us?_____

Please check preferred method of communication: Please check the appropriate boxes:

___ Work Phone ___ Cell Phone ___ New Student(s) ___Single Registration $25 ___Summer Camp PD____

___ E-mail __Other_____ ___Returning Student(s) ___Family Registration $30 ___Summer Eve PD____

Tuition Agreement: I acknowledge that camp payments and evening classes are not refundable and may sometimes be applied to other summer programs but not to fall and not to another student.

Policy Agreement: I have received and reviewed the summer brochure, as well as the information above, and agree to the policies as listed concerning dress code, insurance, missed and make-up classes, student drop off and pick up, registration, student conduct. By signing this document, I am agreeing to abide by these policies as listed here and in the brochure. Additionally, I understand that if I do not abide by these policies, I will not be afforded the services Genesis Arts LLC offers. Likewise, if I do not keep my account current, I may be turned over to collections and will be responsible for those additional fees. I agree to not hold Lori Struss Weatherly, her staff, and Genesis Arts LLC liable for any possible injuries sustained while in class or in the building.

Video/Picture Policy: We agree to have pictures and video published on the Internet with Genesis Arts LLC_____ We do not agree_____

Parent's Signature_____ Student Signature_____

Student"s Name	Studio	Session/Dates	Camp or Class Title	Reg Fee	Tuition Amount	Payment Method