



REGISTRATION FORM

Participant First Name

Participant Last Name

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Gender

Birthday (MM/DD/YYYY)

Grade

--	--	--

School

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Parent/Guardian (if applicable) First Name

Parent/Guardian (if applicable) Last Name

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Home Phone

Mobile Phone

SMS (Text Message)?

		Yes / No
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Email Address

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Home Address

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Emergency Contact Full Name

Relationship to Participant

Emergency Contact Phone Number

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Provider/Coach's Name

How did you hear about us?

--	--

Allergies / Emergency Health Concerns / Noteworthy Additional Information

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GROOVE General Policies

www.groovetoday.com — 301.332.3672 (call or text message) — info@groovetoday.com

5707B Arundel Ave, Rockville, Maryland 20852

With the signature below, I certify I have the full authority to give consent for the participant listed below to engage in services rendered by/through GROOVE, agreeing to the terms of the statement below.

SESSION RATES AND PAYMENT:

Session rates are subject to change. Invoices will be sent once a session time is confirmed with the student. Payment via cash, check, or credit accepted. Other forms of payment availability (paypal, venmo, etc.) are potentially available but subject to change. Outstanding balances must be received **7 days subsequent to submission date provided on invoice or no lesson will be conducted, and weekly session time slot will no longer be reserved.**

SCHEDULING A LESSON

All scheduling must be confirmed via email at info@groovetoday.com with the name of the participant in the subject line of the email. To expedite the process, include location address of service, 2-3 ideal and available weekly times, and a brief summary of personal goals for the session (if applicable).

CANCELLATION POLICY

Unfortunately refunds upon cancellation are not available, but a cancellation made more than 48 hours prior to session time can be credited toward a future session with no cancellation fees applicable. For missed sessions or rescheduled sessions cancelled with less than 8 hours notice, a 20% cancelling/rescheduling fee may apply. A full charge will be applied to missed sessions if no written notice is provided prior to the beginning of the lesson.

GROOVE instructor cancellation policy:

If an instructor should need to cancel, written notice will be sent out 24 hours prior unless due to a true emergency, and full credit will be awarded to a make-up or future un-billed session time. GROOVE agrees to provide the participants with information regarding unexpected conflicts as soon as possible upon the knowledge of those conflicts, and best attempts to reschedule will be applied. Our policy is that two available reschedule times will be offered, and though GROOVE does its very best to accommodate the schedules of its clients, unfortunately a cancellation is not a guarantee of a makeup.

LATENESS

If a session should begin late, the instructor can only teach in the time remaining in that slot. Do to the tightly organized schedule, lessons cannot run later to makeup for lost time. If the instructor is more than 15 minutes behind, the client may choose to reschedule the session for another day with no cancellation fee, or credit missed time to a future invoice. If a client is unavailable due to lateness or lack of response for more than 15 minutes, the session may be forfeited for that day.

LIABILITY

My signature below denotes that I fully understand the following. I am aware Groove staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Groove staff and affiliated service providers to tender temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Groove staff member, to call our doctor and to seek medical help, including transportation by a Groove staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should Groove staff deem this to be necessary. We, the staff of Groove, recognize our obligations to make our participants and their parents aware of the risks and hazards associated with movement-based arts, athletics, and other activities included in our programming. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Use of Groove's arts and athletic equipment can be dangerous and lead to injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and staff instructions. Groove, its affiliates, and its staff members will not accept responsibility for injuries sustained by any student during the course of Groove programming, or in the course of any off-site activity, I understand the inherent risks involved with engaging in activities in other environments. I am aware that there are unpredictable hazards and circumstances outside of the control of the Groove staff and affiliated providers when working in other environments outside of the Groove managed facility. With the above in mind, and being fully aware of the risks and possibilities of injury involved, I consent to have myself / my child / my children participate in the programs offered by Groove. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against Groove and or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of movement-based arts and athletics programming and injury. The parent/guardian should warn the child accordingly to what the parent feels appropriate. Groove will only warn the child through safety messages, our teaching style and/or progressions. Additionally, I understand it is my choice to use any and all equipment belonging to and used by Groove and its affiliates. Additionally I assume all liability for any and all malfunction or damage due to misuse or improper/careless utilization of any Groove property, and understand I may be financially liable for repair or replacement of such materials, equipment, and/or other property. I agree that if I am renting or accessing property belonging to Groove, it will be returned/maintained in the same condition as it was when initially rendered into my care.

I also understand that my (child's) likeness may appear on the website and in promotional materials for Groove. Groove will make every effort to be sensitive to the privacy of our participants, and will acquire consent before providing any details regarding a participant's identity. Additionally, I release Groove to utilize all media materials created, edited, and/or rendered on-site physically or digitally during Groove programming.

I fully agree to the terms denoted on this document.

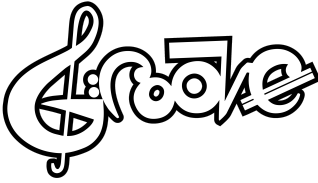
Print Name of Participant

Email Address

Participant (Parent/Guardian) Signature

Date

Emergency Contact Name/Phone



www.groovetoday.com
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Rockville, MD 20852
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Groove Payment Authorization

Schedule your payment to be charged to your Visa, MasterCard, American Express, or Discover Card. Just complete and sign this form to get started!

Please complete the information below:

I _____ authorize GROOVE to charge the credit card indicated below
(full name)
for payment of my total balance due as described in the billing portion of my registration.

Credit Card: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ CVW / Security Code _____

Billing Address _____

City, State, Zip _____

Phone (_____) _____ - _____

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Participant (Parent/Guardian) Signature Date Name of Participant (if not signing)

Print Name of Signature above Emergency Contact Name/Phone

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify GROOVE in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a holiday or non-business day, I understand that the payments may be executed on the next business day. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.