

Movement Arts Collective

1708 Washington Ave.
Seaford, NY 11783
516-544-6255

Name: _____ Birthday: _____

Emergency contact Information:

Name: _____ Relationship: _____

Preferred Phone Number: _____ Email Address: _____

Please list any medications you are taking: _____

Do you have any allergies? (if so, please list them below)

Do you have any physical injuries or limitations that may hinder them from participating in class? (if so please, list them below)

Please list any other information you feel is important for Movement Arts Collective to know to ensure your safety:

Disclaimer- this information is confidential and will only be shared to medical professionals if necessary to ensure safety