



**Welcome to ISMA and Thank You  
for enrolling in our 2017 - 2018 Class Program.**

**Please take a moment to complete and submit the  
student registration form below.**

**Student's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact Full Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**Check to Confirm**

I hereby agree to participate in Integrity of Self MovementArts Sessions. In consideration of the benefits in participating in the Sessions, I release and hold harmless Integrity of Self MovementArts and those acting on its behalf from any lawsuits, claims, and actions, arising from or connected with participation in these Sessions. I claim to the best of my knowledge, that I do not have any medical/physical disability that would preclude my physical participation in the Sessions.

## **YES, I understand**

Please be aware that we deliver class information and approved flyers almost exclusively via email. We ask that you confirm your email directly after registering. To ensure a smooth delivery of our communication, we suggest you add "[integrityofself@gmail.com](mailto:integrityofself@gmail.com)" to your email contacts. When you receive your first eflyer, be sure to click "always display images."

## **Photo Release, Kindly Check One**

Yes, I give permission to be photographed or videotaped in Integrity of Self MovementArts class for promotional use in publications, website, educational conferences or displays; or on television.

No, I do not give permission to be photographed or videotaped in Integrity of Self MovementArts class for promotional use in publications, website, educational conferences or displays; or on television.

## **How did you hear about ISMA classes?**

Friend/Family

Email

Printed Flyer

H Street Studio

Internet Search

Social Media

Gift Certificate

Other

## **If Gift Certificate, Name Presenter**

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**What types of movement, exercises, sports, physical activities have you participated in the past?:**

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**Select the Class of Interest**

- Anatomy & Breath<sup>SM</sup>**
- Energy Flow & Balance<sup>SM</sup>**
- Dynamic Walk<sup>SM</sup>**
- Labanotation Basics<sup>SM</sup>**

**CHECK TO PURCHASE a 1-hour CLASS**

- GROUP-PRIVATE CLASS *[3+ persons at \$50 per person]***
- SEMI-PRIVATE CLASS *[2 persons at \$60 per person]***
- PRIVATE CLASS *[1 person at \$65 ]***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_