

THE DANCE COLLECTIVE REGISTRATION FORM – 2025-26

2303 Parker Road, #E, Jonesboro AR 72404

Phone 870-932-2377

PLEASE PRINT

CHILD'S NAME _____ PRIMARY PHONE _____
FIRST MIDDLE LAST CALLED

ADDRESS _____
STREET CITY STATE ZIP

DATE OF BIRTH ____/____/____ MALE [] FEMALE [] T-SHIRT SIZE _____

SCHOOL ATTENDING _____ GRADE _____

MEDICATION CONDITION/ALLERGIES YES [] NO [] IF YES PLEASE SPECIFY _____

ALLERGIES: _____

MOTHER'S NAME _____ CELL PHONE: _____
FIRST MIDDLE LAST

EMAIL _____ WORK PHONE _____

FATHER'S NAME _____ CELL PHONE: _____
FIRST MIDDLE LAST

EMAIL _____ WORK PHONE _____

THE DANCE COLLECTIVE SAFETY POLICY

IN CASE OF EMERGENCY CALL FIRST MOTHER [] FATHER [] OTHER [] _____

EMERGENCY CONTACT _____ RELATIONSHIP TO CHILD _____

PRIMARY PHONE _____ SECONDARY PHONE _____

I AUTHORIZE THE DANCE COLLECTIVE TO TAKE WHATEVER EMERGENCY MEDICAL MEASURES ARE DEEMED NECESSARY FOR THE PROTECTION OF MY CHILD WHILE HE/SHE IS IN THEIR CARE. I UNDERSTAND THAT THIS AUTHORIZATION INCLUDES TRANSPORTING MY CHILD TO THE HOSPITAL, DOCTOR, OR CLINIC WITHOUT FIRST OBTAINING MY CONSENT.

DATE _____ PARENT SIGNATURE _____

I, AS THE PARENT/LEGAL GUARDIAN, ASSUME FULL RESPONSIBILITIES AND SEE THE DANCE COLLECTIVE AS HARMLESS FOR ANY PHYSICAL ILLNESS OR INJURY (MINIMAL, SERIOUS, CATASTROPHIC, AND/OR DEATH). I AGREE THAT I CANNOT TAKE LEGAL ACTION TOWARD THE DANCE COLLECTIVE, OR ANY PERSONS OR BUSINESSES AFFILIATED WITH THE DANCE COLLECTIVE FOR INJURIES THAT MAY OCCUR ON OR OFF-SITE PROPERTY WITH THE DANCE COLLECTIVE OR FOR THE AFTER EFFECT OF THE INJURY.

DATE _____ PARENT'S SIGNATURE _____

PHOTOGRAPHY RELEASE

I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE PHOTOGRAPHED AND/OR VIDEOTAPED DURING CLASSES, COMPETITIONS, REHEARSALS, RECITAL, AND/OR OTHER PERFORMANCES BY THE DANCE COLLECTIVE FOR USE IN ADVERTISING, SOCIAL MEDIA PROMOTIONS, AND/OR AS A LEARNING TOOL.

FINANCIAL AGREEMENT

I UNDERSTAND THAT ALL REGISTRATION FEES ARE NONREFUNDABLE. PAYMENT IS DUE THE FIRST DAY OF THE MONTH. A LATE CHARGE OF \$15.00 WILL BE ADDED ON THE 5TH OF THE MONTH, IF THE PAYMENT HAS NOT BEEN RECEIVED. CREDIT CARDS OR BANK CARDS CAN BE HELD ON FILE FOR AUTOMATIC PAYMENT EACH MONTH. A 3% FEE FOR CREDIT CARDS AND A \$1.25 FEE FOR BANK CHARGES WILL BE CHARGED. ALL BALANCES (INCLUDING COSTUME AND CHOREOGRAPHY FEES) MUST BE PAID IN FULL THREE WEEKS PRIOR TO RECITAL OR COMPETITION FOR YOUR CHILD TO PARTICIPATE IN THE PERFORMANCE. PURCHASE OF RECITAL TICKETS WILL NOT BE ALLOWED IF THERE IS A BALANCE ON YOUR ACCOUNT.

DATE _____ PARENT SIGNATURE _____

COMPETITION COMPANY

COMPANY MEMBERS WILL BE ON A DEMERIT SYSTEM FOR ATTENDANCE AND WILL BE REQUIRED TO ATTEND ALL MANDATORY COMPETITIONS. MORE INFORMATION ON THIS CONTRACT WILL BE GIVEN TO YOU. JUST A REMINDER, PLEASE DO SIGN YOUR CHILD UP FOR THE COMPETITION COMPANY UNLESS SHE CAN MEET THESE REQUIREMENTS.