



**\*Mrs. Jenkins Dance Is My Life Inc. \***

(DIML DANCE PROGRAM)

2025-2026 REGISTRATION FORM

**Email Address (REMINDERS ARE SENT VIA E-MAIL & SMS)!!!**

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**DANCER INFORMATION:**

Dancer Name \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

**Parent/Guardian Information:**

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_)

**(Signature of Parent/Guardian, or dancer if 18 years or older)**

**(Date)**

**ALL PERSONS AUTHORIZED TO PICK UP DANCER:**

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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**MEDICAL INFORMATION:**

Physician: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Does the dancer(s) have any medical conditions or restrictions? Yes/No If yes please explain:

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Additional Information/Comments: \_\_\_\_\_

(Please fill out this section if you are a new dance member)

How did you hear about us? \_\_\_\_\_

Has the dancer had any previous dance training? Yes/No

Name(s) of current or previous dance experience/studio(s): \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ (\$50.00 per dancer) (Also includes our basic all black DIML practice gear)

Donation for DIML Nonprofit Dance Program: \$ \_\_\_\_\_

**PAYMENT OPTIONS:**

Cash | Check | Money Order | Cash App | Apple Pay | PayPal | Chime | Zelle | Venmo |

Credit Card/Debit Card (ALL CARDS ACCEPTED WITH AN ADDITIONAL TRANSACTION FEE OF 5.25%)

**(IF THERE ARE NO CLASS FEES THERE WILL BE LETTERS SENT OUT ABOUT "DONATIONS")**

**Mrs. Jenkins Dance Is My Life Inc. Dance Program**

**PARENT INFORMATION**

OCCUPATION/SOURCE OF INCOME

\_\_\_\_\_ Date \_\_\_\_\_

**PAY SCHEDULE**

\_\_ WEEKLY \_\_ BI-WEEKLY \_\_ MONTHLY

NAME \_\_\_\_\_ CHILD NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL # (\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

**SELECT PAYMENT PLAN FOR DANCE PACKAGE:**

\_\_ WEEKLY \_\_ BI-WEEKLY \_\_ MONTHLY

**\*DIML MONTHLY DUES ARE DUE THE 1<sup>ST</sup> OF EVERY MONTH & LATE AFTER THE 5<sup>TH</sup> OF THE MONTH\***

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## DIML RELEASE OF LIABILITY

In consideration of being allowed to participate in any way of our DIML Dance Competitions, and related events and activities, the undersigned:

1. Agree that the parent and/or legal guardian will instruct the minor participant that prior to participating the participant should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, the participant should immediately advise the participant's coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability, or death.
4. Release, waive, discharge and covenant not to sue Mrs. Jenkins Dance Is My Life Inc. its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable , owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of participant (print) \_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_

Parent/Guardian Relationship (print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Address of Participant \_\_\_\_\_

Telephone Number of Parent or Guardian (\_\_\_\_\_) \_\_\_\_\_

I HERBY ACKNOWLEDGE IN CONSIDERATION OF MY CHILD/MYSELF TO PARTICIPATE IN MRS. JENKINS DANCE IS MY LIFE INC. DANCE PROGRAM THAT MRS. SHANTEL PURYEAR-JENKINS AND ITS INSTRUCTORS WILL NOT BE HELD LIABLE FOR ANY INJURIES SUSTAINED ON THE (CHURCH, BUILDING, HOME & ETC) PREMISES. FURTHERMORE, I HERBY WAIVE AND RELEASE ANY CLAIMS FOR DAMAGES INCLUDING ANY INJURIES/COVID-19 TO MY CHILD/MYSELF RESULTING FROM ANY ACT OR FAILURE TO ACT BY MRS. JENKINS DANCE IS MY LIFE INC. DANCE PROGRAM AND ITS REPRESENTATIVES.

I GIVE PERMISSION FOR MY CHILD/MYSELF TO BE PHOTOGRAPHED AND VIDEOTAPED DURING ANY PERFORMANCE AND FOR MRS. JENKINS DANCE IS MY LIFE INC. DANCE PROGRAM PROMOTIONAL PURPOSES. ALL RIGHTS ARE RETAINED BY MRS. JENKINS DANCE IS MY LIFE INC. DANCE PROGRAM.

\_\_\_\_\_(\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)  
(Signature of Parent/Guardian, or dancer if 18 years or older) (Date)

Please initial the following statements ensuring that you know and understand each of them.

I \_\_\_\_\_ understand Mrs. Jenkins Dance Is My Life Inc. Dance Program purpose therefore,

I understand that registration, recital, tuition, donation, competition, and costume fees are non-refundable. \_\_\_\_\_

We do not let dancers wait for parents outside the (church, building, or home). Dancers must wait inside (church, building, or home) for parents to arrive. Unless dancers are practicing outside.

\_\_\_\_\_  
Statements/notifications are not mailed/via-email when payments are pass due.

I have received and signed all documents. \_\_\_\_\_

I have read all regulations and will abide by them. \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian, or dancer if 18 years or older) (Date)

**Please initial and sign all areas that you received The DIML Dance Package.**

\_\_\_\_\_ **About DIML**

\_\_\_\_\_ **DIML Parent Support Information/DIML Parent Motto**

\_\_\_\_\_ **DIML Dance Class Rules, Consequences, and Point System (Bylaws) Info**

\_\_\_\_\_ **DIML Captain and Co-Captain**

\_\_\_\_\_ **The Leaders of DIML Dance Moms/Committee**

\_\_\_\_\_ **DIML Dance Package Information**

\_\_\_\_\_ **DIML Dance Team Release of Liability**

\_\_\_\_\_ **DIML Dance Attire Information**

\_\_\_\_\_ **DIML Practice Schedule Information**

\_\_\_\_\_ **DIML Cancellation/Attendance Information**

\_\_\_\_\_ **DIML Fundraiser Information**

\_\_\_\_\_ **DIML Wavier Contract**

**Name of Dancer (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Parent/Guardian (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_