



Two Worlds
Dance



TWO WORLDS DANCE SUMMER PROGRAM REGISTRATION FORM

Classes will be held at OC Music & Dance, 17620 Fitch Ave., Irvine, CA 92614
(Please complete one application for each participant)

PARTICIPANT INFORMATION

Please fill out all required fields legibly.			* Required
*First Name		*Last Name	
Preferred Name		*Birthdate MM / DD / YYYY	
*Gender		*Current Grade	
*Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work			
*Home Address			
*City		*State	*Zip Code

PARENT/GUARDIAN INFORMATION

*First Name	*Last Name
*Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	
*E-mail Address	

EMERGENCY CONTACT INFORMATION

*First Name	*Last Name
*Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	

SPECIAL ACCOMMODATIONS NEEDED

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WAIVERS AND RELEASES

PERMISSION TO USE LIKENESS / NAME

By enrolling as a participant in the Two Worlds Dance program or entering the facility at OC Music and Dance, I agree to allow, without compensation, my (or my child's) likeness, name, voice, photograph, performance and/or biography to appear, and to otherwise be used, in material, regardless of media form, promoting Two Worlds Dance & OCMD. I hereby assign to Two Worlds Dance & OCMD all present and future copyright and all other rights, title and interest that I (for myself or on behalf of my child) may hold in the media. I hereby further agree that I, for myself (or my child), will not make any claim for further remuneration against Two Worlds Dance & OCMD in respect of the use of such media.

I understand that, in order to opt out of this photo and video release, I must email this request to Programs@TwoWorldsDance.com.

LIABILITY WAIVER

I understand that my (or my minor child's) participation could include actions or tasks which might be hazardous to myself (or my child). By accepting below, I assume any and all risks of harm or injury which may occur to me (or my child) during my (or my child's) participation, except for reasons of gross negligence or neglect by Two Worlds Dance & OCMD. I, for myself (or on behalf of my child) release and agree to hold harmless Two Worlds Dance & OCMD, its teachers, staff, volunteers and artistic partners, as well as other participants, from all such liability and costs incurred to recover damages during such participation in class or during events and activities, whether on site at Two Worlds Dance & OCMD or offsite on behalf of Two Worlds Dance & OCMD

MEDICAL WAIVER

In the event of injury or illness during my child's participation as a student at Two Worlds Dance & OCMD, I hereby authorize Two Worlds Dance & OCMD to consent to medical treatment on my child's behalf as deemed necessary on the advice of trained emergency personnel. I agree that it is my responsibility to obtain and maintain health insurance coverage for my child prior to any participation with Two Worlds Dance & OCMD and that I am responsible for any medical expenses arising out of any injury to claim occurring during my child's participation.

ACKNOWLEDGEMENT OF POLICIES AND WAIVERS
*Signature of Participant (or Parent/Guardian if Minor)
*Printed Name of Signer
*Date

Please email completed form to Programs@TwoWorldsDance.com

Thanks for your inquiry. We will contact you soon.

If you have any questions or need additional information, please contact Programs@TwoWorldsDance.com