

CUMBERLAND DANCE COMPANY REGISTRATION FORM

Dance Camp 2025!!

DANCER INFORMATION					
First Name:	MI	Last Name:	DOB: ____/____/____	Age:	DANCE CAMP
Street Address:					

PARENT/GUARDIAN INFORMATION			
First Name:	MI	Last Name:	Relationship to Dancer:
EMAIL Address:			
PHONE NUMBER:			

EMERGENCY CONTACTS		
PLEASE DESIGNATE TWO INDIVIDUALS WHO MAY BE CONTACTED IF PARENT/GUARDIAN CANNOT BE REACHED		
Full Name:	Phone Number:	Relationship to Dancer:
Full Name:	Phone Number:	Relationship to Dancer:

GENERAL/MEDICAL INFORMATION
List any medical problems/allergies that staff should be made aware of:

RELEASE FROM LIABILITY

The undersigned parent/guardian of the participant does hereby agree as a condition to participate in the activity for which this registration form is submitted, that I will indemnify and hold Cumberland Dance Company, its officials, employees, instructors and agents harmless from and against any and all liability for any injury or damages which may be suffered by me or by my child/ward, arising out of or in any way connected with the program, and I further make this agreement on behalf of any and all heirs and assigns of the participant.

PHOTO RELEASE

I hereby irrevocably give permission to the Cumberland Dance Company unrestricted rights to use any and all photographs and videos of my child/children in all media for publications promotions, advertisements, and for any purpose whatsoever without compensation. All photographs shall solely constitute the property of Cumberland Dance Company.

Please check this box if you DO NOT want your child to be photographed ☐

DANCE CAMP DATES

Dance Camp classes will be held the month of August from 10:00am – 3:00pm Please check the dates your child will be attending: (starting July 31st)

4TH___ 5TH___ 6TH___ 7TH___ FULL WEEK 1 _____

11TH___ 12TH___ 13TH___ 14TH___ FULL WEEK 2 _____

18TH___ 19TH___ 20TH___ 21ST___ FULL WEEK 3 _____

25TH___ 26TH___ 27TH___ 28TH___ FULL WEEK 4 _____

FULL MONTH _____

I have read and understood the above and have completed this form to the best of my ability:

Signature of Parent/Guardian

Date

OFFICE USE ONLY

PAYMENT INFORMATION: \$ _____ CASH ☐ CHECK ☐ # _____