

CUMBERLAND DANCE COMPANY REGISTRATION FORM

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

PARENT/GUARDIAN INFORMATION			
First Name:	MI	Last Name:	Relationship to Dancer:
Street Address:			
Email address:			
Primary phone contact:			

EMERGENCY CONTACTS		
<i>PLEASE DESIGNATE TWO INDIVIDUALS WHO MAY BE CONTACTED IF PARENT/GUARDIAN CANNOT BE REACHED</i>		
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:
Clothing size for costume purposes TOPS _____ BOTTOMS _____ EX 5T, 6X, S, M, L
(CHILD/TEEN/ADULT)

ALL KNOWN CONFLICTS
PLEASE LIST ALL CONFLICTS that staff should be made aware of: (ie, weddings, vacations, church events, school events, sports)

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. INITIALS _____

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 ☐

CLASSES

Please check the class(es) you are registering for:

CREATIVE DANCE ____

CONTEMPORARY ____

JAZZ ____

TAP ____

MUSICAL THEATRE ____

ACRO/ TUMBLE ____

BALLET ____

HIP HOP ____

Recital will be on Sunday June 27th, 2027 _____ (initial to acknowledge please)

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 ☐ # _____

VENMO _____