

DANCER NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

MEDICAL / ALLERGY INFO \_\_\_\_\_

PARENT/GUARDIAN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONES: HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL IS MIAMI DANCE COLLECTIVE'S PRIMARY SOURCE OF COMMUNICATION. PLEASE ADD MANAGEMENT@MIAMIDANCECOLLECTIVE.COM TO YOUR ADDRESS BOOK IN ORDER TO ENSURE THAT YOU RECEIVE ALL UPDATES AND NOTIFICATIONS.

PARENT EMAIL \_\_\_\_\_

EMERGENCY CONTACT NAME (OTHER THAN PARENT/GUARDIAN) \_\_\_\_\_

EMERGENCY CONTACT RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

**PLEASE MARK (X) ALL INTENSIVE DATES DESIRED**

<input type="checkbox"/>	<b>3 DAY SERIES</b> JUNE 25 - 27 NON MDC STUDENT \$325 MDC COMPANY MEMBER \$275	<input type="checkbox"/>	<b>SUMMER TRAINING SERIES</b> WEEK 1 JULY 12-16 NON MDC STUDENT \$400 MDC COMPANY MEMBER \$325	<input type="checkbox"/>	<b>SUMMER TRAINING SERIES</b> WEEK 2 JULY 19-23 NON MDC STUDENT \$400 MDC COMPANY MEMBER \$325
<input type="checkbox"/>	<b>MASTER SERIES</b> AUGUST 2-6 NON MDC STUDENT \$525 MDC COMPANY MEMBER \$450	<input type="checkbox"/>	<b>BALLET SERIES</b> AUGUST 9-13 NON MDC STUDENT \$425 MDC COMPANY MEMBER \$350		

\*\$75 Non-Refundable Deposit Required Per Intensive Week Upon Registration\*

\*In-studio availability will be on a first come, first served basis\*

**NON MIAMI DANCE COLLECTIVE COMPANY DANCERS**

CURRENT STUDIO \_\_\_\_\_

TRAINING EXPERIENCE \_\_\_\_\_

HOW DID YOU HEAR ABOUT MIAMI DANCE COLLECTIVE? \_\_\_\_\_

EMAIL REGISTRATION FORM & 1-MINUTE AUDITION VIDEO TO MANAGEMENT@MIAMIDANCECOLLECTIVE.COM

I/WE REALIZE THAT PARTICIPATION IN DANCE CLASSES AND ACTIVITIES COULD INVOLVE SOME POSSIBLE PERSONAL INJURY. DESPITE PRECAUTIONS, ACCIDENTS AND INJURIES MAY OCCUR. BY SIGNING THIS RELEASE FORM, I/WE (THE DANCER AND PARENT/GUARDIAN) ASSUME ALL RISKS RELATED TO THE USE OF ANY AND ALL SPACES USED BY SOUTH FLORIDA DANCE PROJECTS, LLC AND MIAMI DANCE COLLECTIVE.

I/WE AGREE TO RELEASE AND HOLD HARMLESS SOUTH FLORIDA DANCE PROJECTS, LLC AND MIAMI DANCE COLLECTIVE INCLUDING ITS TEACHERS, DANCERS, STAFF MEMBERS, AND FACILITIES USED BY BOTH ENTITIES FROM ANY CAUSE OF ACTION, CLAIMS, OR DEMANDS NOW AND IN THE FUTURE. I/WE WILL NOT HOLD SOUTH FLORIDA DANCE PROJECTS, LLC AND MIAMI DANCE COLLECTIVE LIABLE FOR ANY PERSONAL INJURY, SICKNESS WHETHER VIRAL OR BACTERIAL OR ANY PERSONAL PROPERTY DAMAGE, WHICH MAY OCCUR ON THE PREMISES BEFORE, DURING OR AFTER CLASSES. FURTHERMORE, I/WE AGREE TO OBEY THE CLASS AND FACILITY RULES AND TAKE FULL RESPONSIBILITY FOR MY/OUR BEHAVIOR IN ADDITION TO ANY DAMAGE I/WE MAY CAUSE TO THE FACILITIES UTILIZED BY SOUTH FLORIDA DANCE PROJECTS, LLC AND MIAMI DANCE COLLECTIVE. I HEREBY ACKNOWLEDGE THAT I KNOWINGLY AND VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL RISKS OF PHYSICAL INJURY, DEATH, OR PROPERTY LOSS OR DAMAGE ARISING OUT OF PARTICIPATION IN ANY DANCE CLASSES, PROVIDED AND OFFERED BY MDC OR ON ITS BEHALF IN ANY FORM WHATSOEVER, INCLUDING BUT NOT LIMITED TO CLASSES IN STUDIO, ONLINE OR VIRTUAL CLASSES, SUMMER CAMPS AND INTENSIVES, REHEARSALS, AND PERFORMANCES.

I UNDERSTAND THAT SOUTH FLORIDA DANCE PROJECTS, LLC AND MIAMI DANCE COLLECTIVE ARE LICENSED, ACCREDITED, AND INSURED ORGANIZATIONS. IN THE EVENT THAT I/WE SHOULD OBSERVE ANY UNSAFE CONDUCT OR CONDITIONS BEFORE, DURING OR AFTER MY/OUR CLASSES, I/WE AGREE TO REPORT THE UNSAFE CONDUCT OR CONDITIONS TO THE DIRECTORS, INSTRUCTORS OR STAFF MEMBERS AS SOON AS POSSIBLE.

BY SIGNING THIS STATEMENT, I DECLARE THAT THE AFORESAID PARTICIPANT IS IN GOOD HEALTH, WITH NO PHYSICAL CONDITIONS THAT MIGHT PREVENT HIS/HER/MY PARTICIPATION IN STRENUOUS AND RIGOROUS ACTIVITIES AND OTHER TRAINING AND PERFORMANCE CONNECTED WITH DANCE.

I GIVE SOUTH FLORIDA DANCE PROJECTS, LLC & MIAMI DANCE COLLECTIVE PERMISSION TO USE PHOTOS AND VIDEOS OF MY CHILD/MYSELF/MINOR CHILD FOR WHOM I AM A LEGAL GUARDIAN FOR PROMOTIONAL / ADVERTISEMENT PURPOSES, INCLUDING SOCIAL MEDIA, FOR SOUTH FLORIDA DANCE PROJECTS, LLC OR A SOUTH FLORIDA PROJECTS, LLC AFFILIATED EVENT.

I/WE HAVE READ AND AGREE TO ALL PROVIDED TERMS AND POLICIES LISTED ON MIAMI DANCE COLLECTIVE'S WEBSITE AND PROGRAM HANDBOOKS.

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

PRINTED DANCER NAME \_\_\_\_\_ DOB \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>TOTAL DUE</b> _____
<b>DEPOSIT PAID</b> _____	<b>DATE</b> _____
<b>BALANCE</b> _____	
<b>TOTAL PAID</b> _____	<b>DATE</b> _____