

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 / GUARDIAN 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"/> 3 DAY SERIES JUNE 22-24 *NEW DATES* NON MDC STUDENT \$325 MDC COMPANY MEMBER \$275	<input type="checkbox"/> SUMMER TRAINING SERIES WEEK 1 JULY 11-15 NON MDC STUDENT \$450 MDC COMPANY MEMBER \$375	<input type="checkbox"/> SUMMER TRAINING SERIES WEEK 2 JULY 18-22 NON MDC STUDENT \$450 MDC COMPANY MEMBER \$375
<input type="checkbox"/> MASTER SERIES AUGUST 1-5 NON MDC STUDENT \$575 MDC COMPANY MEMBER \$500	<input type="checkbox"/> BALLET SERIES AUGUST 8-12 NON MDC STUDENT \$475 MDC COMPANY MEMBER \$400	

- Listed fee includes \$75 deposit required per week due upon registration.
- Balance payable first day of each registered week.
- All deposits are non-refundable and non-transferrable.
- MDC reserves the right to cancel weeks that do not meet the minimum dancer count.

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 _____

RETURN FORM TO MDC FRONT DESK OR TO
MANAGEMENT@MIAMIDANCECOLLECTIVE.COM

PLACEMENT IS CONFIRMED UPON RECEIPT OF FORMS AND
DEPOSIT PAYMENT

FOR OFFICE USE ONLY

DEPOSIT PAID _____

BALANCE _____

TOTAL PAID _____

TOTAL DUE _____

DATE _____

DATE _____