

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 _____

HOW DID YOU HEAR ABOUT MIAMI DANCE COLLECTIVE _____

PLEASE MARK (X) ALL CAMPS DESIRED

TIME WARP
START THE YEAR OFF ON THE RIGHT FOOT
JUNE 13 - 17

HIP HOP VIBES
CAN'T STOP WON'T STOP
JUNE 20 - 24

ENCANTO ENCHANTED
RUMBA, CHA CHA, & FUN!
JUNE 27 - JULY 1

INDEPENDANCE
CELEBRATING AND DANCING AROUND!
JULY 5 - 8

BROADWAY BOUND
SINGING, DANCING, & ACTING! OH MY!
JULY 18 - 22 & JULY 25 - 29

9:00am-1:00pm

\$215 Per Registered Week

* Week of July 5-8 \$185 * Broadway Bound 2-Week \$395

- 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.
- Students not registered at MDC for the 2021-22 season must pay a \$35 Summer registration fee.
- Second sibling and more registered for the same week receive a 25% discount.
- MDC reserves the right to cancel weeks that do not meet the minimum dancer count.

I/WE (THE DANCER AND PARENT/GUARDIAN) 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 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/WE 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.

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

TOTAL DUE _____
DEPOSIT PAID _____ DATE _____
BALANCE _____
TOTAL PAID _____ DATE _____