

Making Moves Dance Company LLC

Registration Forms 2019 Technique Intensive

Student Information

Name First: _____ Middle: _____ Last: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

School Name: _____ Grade: _____

Phone #: _____ Email: _____

Contact Information (Parent/Legal Guardian)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

_____ Technique Intensive: Ages 10 & Up August 12-15, 2019 5:00-8:00 PM - \$150.00

How did you hear about MMDC: _____

By signing below, I am stating the above information is filled out correctly to the best of my knowledge. I understand that any of the above information changes I need to inform Making Moves Dance Company LLC as quickly as possible.

I understand that the technique intensive is \$150.00 per dancer and is non-refundable.

I understand that there is a 5% card convenience fee for all card transactions.

Printed Name: _____

Signature: _____

Date: _____

CASH CARD OR CHECK# _____

TOTAL DUE: _____

Making Moves Dance Company, LLC

Waiver 2018-2019

Child's Name: _____ Phone: _____

Address: _____

Email: _____

Allergy/Injury Information

Does this student have any medication allergies? Yes _____ No _____

(If YES please list) _____

Does this student take any medications regularly? Yes _____ No _____

(If YES please list) _____

Does this student have any previous injuries or illness that MMDC should know about? Yes _____ No _____

(If YES please list) _____

Does this student have any special needs that MMDC should know about? Yes _____ No _____

(If YES please list) _____

Does this student have any food allergies? Yes _____ No _____

(If YES please list) _____

Please initial by each of the following statements:

_____ I understand that MMDC and/or its instructors are not liable for any injuries that occur during class, rehearsals, competitions, dance conventions, and any performances that are held on or off the premises of MMDC. The parent and/or student must inform any instructors of injuries to prevent any further problems. I give permission for MMDC and/or its staff members to seek proper medical attention if needed.

_____ I understand that MMDC and/or its instructors are not liable for any lost, damaged or stolen personal property.

_____ I give MMDC permission to use my child's picture/video for all publications which may include Facebook page, Website, flyers, and or any other promotional avenues without compensation or right to ownership.

I understand the risk of injuries associated with the sport of dance. I understand that Making Moves Dance Company, LLC is not liable/responsible for any injuries associated with dance. I give Making Moves Dance Company, LLC and or a staff member permission to seek medical attention for the student if necessary.

Parent's Name: _____ Signature: _____

Email: _____ Phone: _____

Date: _____