## Registration Form

www.mainedanceteachersclub.org mainedanceteachersclub@outlook.com

Dancers Name: $\qquad$

Date of Birth: $\qquad$ Ph. Number: $\qquad$

Street Address: $\qquad$

City: $\qquad$ State: $\qquad$ Zip Code: $\qquad$

Studio: $\qquad$ Teacher: $\qquad$

Parents Name: $\qquad$

E-Mail Address: $\qquad$ Do you already receive our Emails? $\qquad$

## PLEASE CHOOSE ONE

$\qquad$ Non-Member Teacher - $\mathbf{\$ 6 0}$ - Includes classes, video privileges, \& notes when offered by instructor
$\qquad$ Assistant Teacher - \$40-Min. age 13 with teacher recommendation. No video privileges
___ Assistant Membership - $\mathbf{\$ 1 4 0}$ - Includes attending all 4 Sunday workshops
$\qquad$ Jump Badge - $\mathbf{\$ 5 0}$ - Assistants able to take class in either room and follow teacher
$\qquad$ Students - \$30 - Dancers Ages 8-15
$\qquad$ Student Membership - \$100-Includes attending all 4 Sunday workshops
$\qquad$ Observer - \$5- Non-dancer adults, allowed in student classes only. Please do not bring children

As a parent signing this form, I am agreeing to the following:

- For my child to participate in the Maine Dance Teachers Club Workshop
- For my child to receive medical treatment in event of an emergency and agree to pay any expenses involved
- Maine Dance Teachers Club is not liable for any injuries, loss, or damages
- For Maine Dance Teacher Club to use any photographic likeness of said named in all forms and media, whether electronic, print, digital or electronic publishing via the Internet for advertising, trade, and any other lawful purposes

Parent Signature: $\qquad$ Date: $\qquad$
Health Insurance Company \& Policy Number: $\qquad$

NOTE: This signed permission slip will be kept on file by MDTC for use during the Club year, as noted herein unless revoked in writing by the parent of the dance student.

