

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 HELP ENSURE YOU RECEIVE ALL UPDATES AND NOTIFICATIONS.

PARENT EMAIL _____

SECONDARY EMAIL _____

EMERGENCY CONTACT NAME (OTHER THAN PARENT/GUARDIAN) _____

EMERGENCY CONTACT RELATIONSHIP _____

EMERGENCY CONTACT PHONE NUMBER _____

PLEASE MARK (X) ALL INTENSIVES DESIRED

3 DAY SERIES
JUNE 22 - 24
NON-MDC STUDENT \$275
MDC COMPANY MEMBER \$225

BALLET SERIES
AUGUST 12 - 16
NON-MDC STUDENT \$400
MDC COMPANY MEMBER \$325

MASTERS SERIES
AUGUST 5 - 9
NON-MDC STUDENT \$500
MDC COMPANY MEMBER \$425

\$50 Non-Refundable Deposit Required Per Intensive Upon Registration
Register for all 3 Summers Series Intensives, Receive 10% off Total Fee

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 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 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.

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

PARENT SIGNATURE _____ DATE _____

PRINTED DANCER NAME _____ DATE _____

FOR OFFICE USE ONLY

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