

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 _____

EMERGENCY CONTACT RELATIONSHIP _____

EMERGENCY CONTACT PHONE NUMBER _____

HOW DID YOU HEAR ABOUT MIAMI DANCE COLLECTIVE _____

PLEASE MARK (X) ALL CAMPS DESIRED

SO YOU THINK YOU CAN DANCE!
VARIETY EQUALS VERSATILITY
JUNE 18-22

BROADWAY BOUND
SINGING, DANCING, AND ACTING! OH MY!
JULY 9-13

ENCHANTED GARDEN PARTY
GRACE AND BALLET ABOUND
JUNE 25-29

#GOODVIBESONLY
HIP HOP GROOVES AND MOVES
JULY 16-20

BACK TO SCHOOL
START THE YEAR OFF ON THE RIGHT FOOT
AUGUST 13-17

\$175 PER WEEK

Register for 3 or more camps (per child) and get 10% off total

Siblings registered for same week receive 25% discount

\$50 Non-Refundable Deposit Required Per Week Upon Registration

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.

BY ENROLLING IN AUTO-PAY YOU AUTHORIZE SOUTH FLORIDA DANCE PROJECTS, LLC. DBA MIAMI DANCE COLLECTIVE PERMISSION TO CHARGE THE CREDIT CARD ON FILE FOR ANY INCURRED FEES. A VALID CREDIT CARD MUST REMAIN ON FILE WITH MIAMI DANCE COLLECTIVE. MONTHLY TUITION PAYMENTS WILL BE CHARGED THE FIRST DAY OF EACH MONTH. A LATE FEE OF \$40 WILL BE ADDED FOR PAYMENTS MADE AFTER THE 5TH OF THE MONTH OR FOR RETURNED CHECKS. MIAMI DANCE COLLECTIVE OBSERVES DADE PUBLIC SCHOOL CALENDAR. SOME MONTHS HAVE 5 WEEKS WHILE OTHERS ONLY 4. HOLIDAYS ARE NOT PRO-RATED NOR ARE THERE ANY ADDITIONAL FEES FOR MONTHS WITH FIVE WEEKS OF CLASSES.

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 _____ DATE _____

FOR OFFICE USE ONLY

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