

MWENDO DANCE CO.

DANCE REGISTRATION FORM

Dancer's Full Name: _____

Birthday (MM/DD/YY): _____ Gender: _____ Age: _____

Mailing Address: _____

Dancer Email: _____

Instagram: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Telephone#: _____ Cell#: _____

Emergency Contact Name: _____

Relationship to Dancer: _____ Cell#: _____

Home#: _____ Email: _____

Emergency Contact Name: _____

Relationship to Dancer: _____ Cell#: _____

Home#: _____ Email: _____

Physician Name: _____ Physician Telephone#: _____

Health Card Number: _____

Health Concerns (medications, allergies, etc.):

Dance Categories/ Classes:

Check or circle dancers age & additional classes dancer will be participating in:

- TINYZ (3-5 YEARS OF AGE)
- JUNIOR (6-8 YEARS OF AGE)
- INTERMEDIATE (9-12 YEARS OF AGE)
- SENIOR (13+ YEARS OLD)
- STRICTLY HIPHOP LEVEL 1
- STRICTLY HIPHOP LEVEL 2
- COMPANY COMPETITIVE TEAMS: (DANCERS ARE FINALIZED BY AUDITION)
- MY DANCER WILL TAKE CLASS IN STUDIO
- MY DANCER WILL TAKE CLASSES ONLIVE (VIA ZOOM)
- I AM INTEREST IN SAT CLASSES IF MW HAS

Dance Genre's:

Check or circle dancers main interests

(dancers will still learn and explore other genres but we like to know our dancers interest.)

- CARIBBEAN/ WEST AFRICAN
- ACRO
- CONTEMPORARY/MODERN/LYRICAL
- JAZZ
- HIPHOP
- COMPETITIVE DANCE

Choice of payment:

Please NOTE all payment will be done monthly this szn till further notice.

We accept cash & e-transfers: THIS SZN WE RECOMMEND ETRANSFERS.

Please send dance fees to mwendo.dance@gmail.com . please state in memo section who the fees are for and what (ie month, private etc.)

Mwendo Dance Company
Parent/Guardian Consent Form

I _____ (parent/guardian's name) give Mwendo Dance Company permission to photograph or video record _____ (dancer's name) for the use of Mwendo Dance Company purposes. I understand that pictures or videos may be taken during practice and performances to be used for media, promotional, and archival use. I hereby give permission for pictures and videos to be used to the discretion of Mwendo's creative directors for the dance season.

Parent/Guardian Name

Date

Mwendo Dance Company Waiver Forms:

PLEASE READ AND SIGN BELOW

**REGISTRATION IS INCOMPLETE WITHOUT SIGNATURES AND MUST BE COMPLETED BEFORE CLASS*

Liability Waiver & Acknowledgment of Risk

Physical activities such as dance, drama and musical theatre can put participants at risk of injury. I understand and agree that by participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury, damage, loss or death. I acknowledge that I understand the nature of the activities my child will be participating in and that my child is in the proper physical condition and capable of participating in the related activities, understanding that Mwendo Dance Co. (Mwendo, MW) is not in any way responsible for making such a determination. Therefore, I voluntarily agree, to assume all risks and responsibility for any such injury or accident, which might occur to myself, my child or any other family members during the course of involvement with Mwendo Dance Co. This includes classes, rehearsals, performances, or any Mwendo activities or space Mwendo Dance Co. participates, practices or performs at. I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage that provides adequate coverage for myself and my child participating in Mwendo Dance Co. activities and that Mwendo Dance Co. does not provide accident or health insurance for those participating in its activities, programs, or under its instruction.

I also exempt, release, and indemnify Mwendo Dance Co., its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Mwendo Dance Co. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Mwendo Dance Co., its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights. In consideration of my child's enrolment in any dance instruction program, I understand and agree on behalf of myself and my child, to release, hold harmless, and discharge Mwendo Dance Co. from all claims, costs, liabilities, expenses or judgments, including attorneys' fees and court costs for any occurrences in connection with any dance instruction

NAME: _____
(PRINTED)

SIGNATURE: _____
(IF UNDER 18, PARENT OR LEGAL GUARDIAN MUST SIGN)

FOR: _____
(NAME OF FULL STUDENT)

DATE: _____