MWENDO DANCE CO. DANCE REGISTRATION FORM

Dancer's Full Name:			
Birthday (MM/DD/YY):	Gender:	Age:	
Mailing Address:			
Dancer Email:			
Instagram:			
Parant/Guardian Namo:			
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 Teleph	one#:	
Health Card Number:			
Health Concerns (medications, allergies, etc.):			

CLASSES & DANCE CATEGORIES:

Check or circle dancers age & additional classes dancer will be participating in: ☐ TINYZ (3-4YEARS OF AGE) ☐ 5VERZ (5 YEARS OF AGE) JUNIOR (6-8 YEARS OF AGE) ☐ INTERMEDIATE (9-12 YEARS OF AGE) ☐ SENIOR (13+ YEARS OLD) ☐ STRICTLY HIPHOP LEVEL 2 (INTER-SR) ☐ TUMBLERS (ACRO FOR 3-5 YEAR OF AGE) ☐ ACRO 1 (BEG/INTER) ☐ ACRO 2 (INTER) ☐ ACRO 3 (INTER/ADV) ☐ STRETCHOLOGY (FLEXIBILTY CLASSES AGES 6& UP) COMPANY COMPETITIVE TEAMS: (DANCERS ARE FINALIZED BY INVITE OR AUDITION) Dance Genre's: Check or circle dancers main interests (dancers will still learn and explore other genres) CARIBBEAN/AFRICAN ACRO CONTEMPORARY/MODERN/LYRICAL JAZZ **BALLET** HIPHOP **COMPETITIVE DANCE** Other (any information you think would be helpful for us to know):

Mwendo Dance Company Parent/Guardian Consent Form

I	(parent/guardian's name) give		
Mwendo Dance Company permission to p	ohotograph 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 performance	es to be used for media, promotional,		
and archival use. I hereby give permission	n for pictures and videos to be used to		
the discretion of Mwendo's creative direct	ors for the dance season of 2018-2019.		
Parent/Guardian Name	Date		
T dicity Guardian Name	Date		
Mwendo Dance Company			
Dancer & Parent/Guardian Contract I have read and gone over the terms of the manual with my child and have			
G	•		
agreed to all content regarding Mwendo Duphold the regulations to the best of my all			
punishments and disciplinary actions that	-		
and/or authorities.	will be made by wwendo instructors		
and/or admondes.			
Without this contract dancers will not be a	able to participate in any programming		
Dancer Name:			
Dancer Signature:			
Date:			
Parent/Guardian Name:			
- arong oddraidir namo.			
Parent/Guardian Signature:	Date:		
Parent/Guardian Signature:	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:		Signature:
	(Printed)	(If under 18, parent or legal guardian must sign)
For:	(Name of Full Student)	Date:
Witness Nam	ne:	
Witness Sign Date:	ature:	