

# Making Moves Dance Collective



## 2016 Summer Dance Intensive



### PARTICIPANT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male    DOB: \_\_\_\_\_    Age: \_\_\_\_\_

Home address: \_\_\_\_\_

Specify any of your child's health problems/allergies: \_\_\_\_\_

Is your child on any medication?  No  Yes    if yes, please specify: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent Daytime Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

### PARTICIPANT PICK UP & EMERGENCY CONTACT INFORMATION:

Person(s) Authorized to pick up child: \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Breakfast & Lunch:** Please be sure to feed your child breakfast at home or send him/her with a healthy breakfast and lunch. Healthy choices will fuel your dancer for all activities each day. Additionally, make sure that your child's lunch is clearly marked with his/her name. Refrigerators will be available for your child to store his/her lunch and a microwave is available to heat food. Please do not send any glass bottles or containers. Additionally, no peanut products are allowed due to severe allergy issues.

**Summer Intensive Fees** may be paid are due on August 1, 2016.

- **INTENSIVE RATE: \$375**
- **Drop in Rate - \$75 per day**

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

*We do not provide make-ups or refunds for any days missed for any reason. Please do your best to have your dancer at Intensive each day.*

**DROP OFF AND PICK UP:**

**MAKING MOVES DANCE COLLECTIVE** does not allow “rolling” drop off or pick up. You must sign your dancer in and out each day.

Drop off time:

- Between 7:00 – 8:00am (all dancers must be signed in by 8am in order to participate in stretching).

Pick up time:

- 7:00pm (You can pick your dancer up prior to 7:00pm; however, please be aware classes have been planned through 7pm each day).

**THE FOLLOWING STATEMENT REQUIRES SIGNATURE:**

In the event of an emergency involving my child, where medical treatment is required, in the event I cannot be reached, I do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical treatment rendered by a licensed physician. I understand that in the event of any such emergency, **MAKING MOVES DANCE COLLECTIVE** will attempt to notify me immediately based upon the contact information provided above. I authorize Making Moves Dance Collective, to have my child transported via ambulance to receive medical care if necessary. I hereby certify that I have read this Consent and Waiver/Release, fully understand it, and voluntarily execute the same on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I hereby give permission to **MAKING MOVES DANCE COLLECTIVE** permission to photograph and/or videotape my dancer for educational or promotional purposes. \_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (participant’s name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **MAKING MOVES DANCE COLLECTIVE**. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **MAKING MOVES DANCE COLLECTIVE, its employees, sub-contractors and its staff** from liability to the above named participant, of the person claiming through him/her, arising from injury to the person or property of the above named dancer occurring in the premises of **MAKING MOVES DANCE COLLECTIVE** including any event sponsored or sanctioned by **MAKING MOVES DANCE COLLECTIVE**.

I understand that **MAKING MOVES DANCE COLLECTIVE** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of Summer Fest, etc.) and that **MAKING MOVES DANCE COLLECTIVE** has the right to send him/her home for inappropriate conduct. No refunds will be given. I further attest that the information contained in this application is correct to the best of my knowledge.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_