MYSTICAL'S DANCE COMPANY SUMMER 2021 FORM

4289 Clark Road Sarasota, FL 34233

Student Info:

Student's Name: _____ Allergies: _____

(Please fill out if Student is NEW to MDC):

Birth Date: _____ Age: _____

Home Address: _____ City: _____ Zip Code: _____

Parent(s)/Guardian Info:

Mother's Name: _____ Father's Name: _____

Relationship to dancer: _____ Cell Phone #: _____

Work Phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relation: _____ Phone #: _____

COVID-19 WAIVER & RELEASE:

I, _____ understand the risk of injury is inherent in any physical activity, and I, on behalf of myself and my child(ren), knowingly and voluntarily accept that risk. I, hereby waive and release Nicole Calabrese, Mystical's Dance Company LLC, and Mystical's Dance Company's Instructors and Staff from any and all claims of injuries or damages of any kind during my child's participation in anything relating to Mystical's Dance Company. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by being at Mystical's Dance Company, and that such exposure of infection may result of becoming exposed to our infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Mystical's Dance Company's employees, Director, Staff, volunteers, participants and their families.

Signature of Parent/Guardian: _____ Date: _____

PLEASE INDICATE BELOW WHAT WEEK(S) YOUR DANCER WILL BE ATTENDING

_____ Tiny Tots (Ages 2-5) Tuesday & Thursday (9:00-11:00am) ---------- $60/week

Camp Week attending (PLEASE INDICATE BELOW):

_____ June 29th & July 1st

_____ July 6th & July 8th

_____ July 13th & July 15th

_____ July 20th & July 22nd

_____ ALL 4 WEEKS OF CAMP

TOTAL: _____ PMT: _____DATE: _____

(PAYMENT MUST BE PAID IN FULL- Thank you!)