

MDG Registration Form

Student's Name: _____ Age: _____

Date of Birth (DD/MM/YYYY): ____ / ____ / ____

Parents Names (if participant under 18)-- _____

Phone #: H _____ C _____ (Circle preferred number.)

Mailing Address: _____ Postal Code: _____

Medical Concern (if applicable): _____

E-mail: _____ (required _____ initials)

Monica's Danz Gym Inc. (MDG) has a privacy policy regarding the collections, use, retention, disclosure and disposal of personal information including email address. This policy is available at MDG.

I consent to give MDG permission to gather personal information for the following purposes: Registration, communication about MDG's programs, events, and activities, registration to dance conventions, festivals or competitions, in case of a medical emergency, when necessary for insurance coverage, managing insurance claims and conducting insurance.

Signature of Participant/Guardian (if under 18): _____

Date: _____

From time to time MDG takes photo and/or video footage of students either professionally in performance, or simply for educational or advertising purposes.

I consent to having the participant's photo provided to media (if applicable), for educational purpose, or ongoing MDG advertisement (i.e. web site).

Signature of Participant/Guardian (if under 18): _____

Date: _____

Name of Participant: _____

Please check applicable level of AERIAL APPARATUS TRAINING:

- Beginner (0-1yr)
- Recreational Experienced (2-3 yrs.)
- Intermediate Experienced (4+ yrs.)
- Advanced Experienced (with Momentum Performance Team or 5+ yrs)

REGULAR CLASS(ES) REGISTRATION: _____

DROP IN CLASS: _____

Aerial Danz Release Form

In consideration of participating in this aerial danz (including silks, hoop & trapeze, harness, rope, and slings) class, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights & claims for any damages I may have against Monica's Danz Gym Inc. and/or any instructors, assistants, of organizers of this class, its agents, representatives, successors, and assigns, for any and all injuries or damages which may be sustained and suffered by myself, through my association with or entry in this class.

1. The Signer (or student) agrees to follow the instructor's orders and not try any skills without clear instruction from the instructor.
2. The Signer agrees to not endanger fellow students or the instructor by unauthorized use of the fabric or lack of due attention.
3. The Signer agrees to not attempt to instruct anyone outside of class without completing advanced level training, in addition to prior approval from the school director Monica Goermann and head aerial instructor Liz Cooper.
4. Prior permission to photograph and/or videotape classes and/or rehearsals from the head instructor is required.

Name of Participant: (Please print.) _____

Signature of Participant / Guardian: (Of legal guardian if participant is under 18 years of age.)

Signed in Winnipeg, _____, 20__ (Date.)