

# The Milford United Methodist Church Sacred Dance Registration

Name of Dancer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Dancer's Measurements: Height \_\_\_\_\_ Dress Size \_\_\_\_\_

Bust \_\_\_\_\_ Waist \_\_\_\_\_ Hips \_\_\_\_\_ Girth \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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## Parent or Guardian Please Read and Sign Below:

I, the parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with dance, and hereby release, discharge and /or otherwise indemnify the Milford United Methodist Church and Rebecca Hart against any claim by or on behalf of the registrant as a result of the registrant's participation in the Sacred Dance Program.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read the class expectation information and will abide by its wishes.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Often as dancers we are photographed, please sign below:**

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_ give my permission to have said child photographed during sacred dance class and performances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_