

MCDC REGISTRATION APPLICATION

Maya Christine Dance Company | Participant & family information



Please complete all applicable fields. Write N/A where a question does not apply.

STUDENT INFORMATION

Participant full name: _____

School name: _____

School address: _____

City / State / ZIP: _____

Home phone (#1): _____

Participant cell phone: _____

Participant email: _____

PARENT / GUARDIAN CONTACTS

Parent / guardian #1 name: _____

Parent / guardian #1 email: _____

Parent / guardian #1 cell: _____

Parent / guardian #2 name: _____

Parent(s) / guardian(s) email: _____

Parent / guardian #2 cell: _____

EDUCATION, INTERESTS & GOALS

What are your anticipated goals as a member of MCDC?

Where are you currently enrolled in school? _____

Grade point average (GPA): _____

List all extracurricular activities in which you participate:

List any dance and/or cheer experience (beginners are welcome):



PARTICIPANT INFORMATION & EMERGENCY DETAILS

PARTICIPANT DETAILS

Full name: _____

Social Security number (SSN): _____ (for Pro games its required)

Birthday: _____ (for Pro games its required)

Parent / guardian name: _____

Home address: _____

City / State / ZIP: _____

Home phone: _____

School: _____

Coach name: _____

UNIFORM & EQUIPMENT SIZES

Circle or mark the applicable size for each item.

Shirt: S / M / L / XL

Jacket: S / M / L / XL

Shorts / pants: S / M / L / XL

Dress: S / M / L / XL

Tights: A / B / C / D

Bra size: _____

Sneaker shoe size: _____

HEALTH & SAFETY INFORMATION

Health insurance company: _____

Insurance policy number: _____

List all physical disabilities, limitations, or relevant activity restrictions:

Are you allergic to any medications? ☐ Yes ☐ No

If yes, list the medication(s) and allergy details:



EMERGENCY CONTACT

Contact name: _____

Relationship: _____

Cell phone: _____

Home phone: _____

COMMITMENTS, RELEASE & SUBMISSION

SCHEDULE AND AVAILABILITY

List ALL summer plans, commitments, and other obligations:

AUDITION RELEASE AND WAIVER OF LIABILITY

I have completed and submitted this application to participate in a Maya Christine Dance Company (MCDC) casting call, audition, clinic, and/or workshop voluntarily. I understand that dance activities involve inherent risks, including the possibility of injury. I acknowledge the requirement to provide proof of health insurance, including a copy of the front and back of the insurance card. I release Maya Hayes, The Maya Hayes Group, LLC, StarFire Productions PRO, and their personnel and affiliates from responsibility for injuries that may occur during these auditions, clinics, and/or workshops, to the extent permitted by applicable law.

This waiver is reproduced and lightly reworded from the original application. Parents/guardians should review it before signing.

Participant signature: _____

Date: _____

Parent / guardian signature: _____

Date: _____

EMERGENCY CONTACT DURING AUDITION / WORKSHOP

Name: _____

Phone: _____



APPLICATION CHECKLIST

- ☐ Completed registration application
- ☐ Proof of insurance (front and back of health insurance card)
- ☐ Current photo / snapshot (non-returnable)
- ☐ \$175 first Month's Tuition / application fee (applied to first full month)
- ☐ Submit by email before the first day of team rehearsals, or bring the completed materials in person

If proof of insurance is not available at submission, sign below to affirm that the information provided is true (as requested in the original application):

Applicant / guardian affirmation signature: _____

Original form mailing deadline: October 24, 2016. This is a historical date and must be replaced with the current deadline before distributing this application.