



# INTEGRITY DANCE CENTER, INC.

1196 Tree Swallow Drive, Suites 1332 & 1334  
Winter Springs, FL 32708

■ (407) 542-1616

(Winter Springs Town Center)

■ www.idcgetsome.com

**MARIA WEATHERBEE**

*Founder, Artistic Director & Choreographer*

*"RELEASE THE DANCER IN YOU"*

## (2022) SUMMER COMPANY INTENSIVES REGISTRATION

# Company Intensive

## August 1st — August 5th

(Schedule & Times TBD)

**These Intensives will be paid through  
July Tuition**

**(Please Fill Out Form)**

### Student Information

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

### Parent/Guardian Information

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**INSURANCE DISCLOSURE:** INTEGRITY DANCE CENTER, INC. hereby represents that it maintains general liability insurance limited to \$1,000,000 per occurrence and \$2,000,000 aggregate combined single limited for bodily injury and property damage.

**WAIVER, RELEASE AND CONSENT:** I hereby state that the student is physically and mentally capable of safe participation in INTEGRITY DANCE CENTER, INC. ("IDC") activities and will abide by the posted POLICIES AND PROCEDURES OF INTEGRITY DANCE CENTER. I understand that IDC assumes no responsibility for injuries or illness, which the student may sustain as a result of his/her athletic activities, the programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illness which may result from the student's involvement in these activities, whether on or off IDC's premises. I hereby release and discharge IDC, its agents, servants and employees from any and all claims of injury, illness, death and loss or damage which the student may suffer as a result of his/her participation in premises or any other premises where IDC may conduct its events. I give my permission to IDC to use, without limitation or obligation, photographs, film footage or tape recordings of the student for the purpose of promoting IDC's programs or providing instruction in dance education. I explicitly give my consent to IDC's instructors to gently lay their hands on the student for purposes of dance instruction.

**I ACKNOWLEDGE AND ACCEPT THE WAIVER, RELEASE AND CONSENT SET FORTH ABOVE.**

\_\_\_\_\_  
SIGNATURE OF  PARENT  GUARDIAN

\_\_\_\_\_  
DATE

**EMERGENCY CONTACT INFORMATION:**

	Name	Home Phone	Cell Phone	Relationship to Student
1st Contact				
2nd Contact				
3rd Contact				

**MEDICAL RELEASE AND HISTORY:**

Please list any Medical Allergies, Concerns, or Conditions: \_\_\_\_\_

\_\_\_\_\_

Family Physician/Clinic: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

**I AUTHORIZE INTEGRITY DANCE CENTER, INC. TO OBTAIN MEDICAL TREATMENT FOR THE STUDENT IN THE EVENT OF AN EMERGENCY.**

\_\_\_\_\_  
SIGNATURE OF  PARENT  GUARDIAN

\_\_\_\_\_  
DATE

Student Name: \_\_\_\_\_