

# TOWN OF CUMBERLAND RECREATION DANCE PROGRAM

## REGISTRATION FORM

Class: (ex. Ballet 4-7) \_\_\_\_\_

Name of Participant: \_\_\_\_\_

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

*(This program is for Cumberland residents only. Proof of residency required)*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ *(minimum age – 4yrs at time of registration)*

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Does the child have any medical problems that the Recreation Department should be aware of? \_\_\_\_\_

If yes please explain on reverse side.

- I acknowledge this year's Dance Recital will be held on Sunday, March 11, 2018 at the Stadium Theatre, Woonsocket, RI starting at 4:00pm.

### MODEL RELEASE:

I hereby irrevocably give permission to the Town of Cumberland Recreation Department Dance Program unrestricted rights to use any and all photographs and videos of my child/children in all media for publications, promotions, advertisements, Cumberland Dance Company Website/Facebook content and for any purpose whatsoever without compensation. All photographs shall solely constitute the property of the Cumberland Dance Company.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

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

DATE: \_\_\_\_\_

In consideration of granting permission to participate in the Cumberland Recreation Department activities, I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims of damages I may have against the Town of Cumberland Recreation Department, their agents, representatives and assigns for any and all injuries suffered by my child/ward while participating in said programs.