

# Mid-Atlantic Dance Initiative

## Registration Form

School or Dance Company

Name of School: \_\_\_\_\_

Name of Director: \_\_\_\_\_ Director's Cell: \_\_\_\_\_

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

School's Email Address: \_\_\_\_\_

School's Number: \_\_\_\_\_

Director's Email (If different from school): \_\_\_\_\_

Individual Dancer

Dancer's Name: \_\_\_\_\_

Dancer's Studio: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Dancer's Cell: \_\_\_\_\_

Person Responsible for Dancer: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

### Class Divisions

- Pink Division: 8 – 9 years
- Yellow Division: 10 – 12 years
- Red Division: 13 years+ Intermediate/Advanced
- Green Division: 13 years+ Advanced

Register **NO LATER THAN APRIL 1** by sending the completed application to [madiwvdance@gmail.com](mailto:madiwvdance@gmail.com) and an invoice will be sent to pay online. Applications and payment can also be mailed to  
**MADI PO Box 1151 Scott Depot, WV 25560.**

# *Mid-Atlantic Dance Initiative*

		Master Classes			Adjudications			Pre-Professional Classes	
Name	Age *by May 6th	Pink/ Yellow \$130	Red \$150	Green \$150	Solo \$50	Duet/ Trio \$40	Group \$30	Resume \$25	Head shot \$25
			<b>Classes &amp; Adjudication Total</b>				\$ _____		

Merchandise								
	YM	YL	AS	AM	AL	AXL	Total Quantity	Total Price
T-Shirt - \$20								
Tank Top - \$20								
Sweatshirt - \$45								
							<b>Merchandise Total</b>	
							\$ _____	

**MADI TOTAL**          \$ \_\_\_\_\_

# Mid-Atlantic Dance Initiative

## Technical & Performance Information for Adjudication

(No one dancer can have more than 4 performance pieces total. Please indicate if performing a classical variation.)

Name of Piece: \_\_\_\_\_

Style: \_\_\_\_\_ Props: \_\_\_\_\_

Age/Category: Mini 8-9 yrs \_\_\_\_\_ Junior 10-12 yrs \_\_\_\_\_ Teens 13-14 yrs \_\_\_\_\_ Seniors 15-18 yrs \_\_\_\_\_

Solo \_\_\_\_\_ Duet \_\_\_\_\_ Trio \_\_\_\_\_ Group \_\_\_\_\_ How many in group: \_\_\_\_\_

List Dancers' Names Alphabetically: \_\_\_\_\_

\_\_\_\_\_

Name of Piece: \_\_\_\_\_

Style: \_\_\_\_\_ Props: \_\_\_\_\_

Age/Category: Mini 8-9 yrs \_\_\_\_\_ Junior 10-12 yrs \_\_\_\_\_ Teens 13-14 yrs \_\_\_\_\_ Seniors 15-18 yrs \_\_\_\_\_

Solo \_\_\_\_\_ Duet \_\_\_\_\_ Trio \_\_\_\_\_ Group \_\_\_\_\_ How many in group: \_\_\_\_\_

List Dancers' Names Alphabetically: \_\_\_\_\_

\_\_\_\_\_

Name of Piece: \_\_\_\_\_

Style: \_\_\_\_\_ Props: \_\_\_\_\_

Age/Category: Mini 8-9 yrs \_\_\_\_\_ Junior 10-12 yrs \_\_\_\_\_ Teens 13-14 yrs \_\_\_\_\_ Seniors 15-18 yrs \_\_\_\_\_

Solo \_\_\_\_\_ Duet \_\_\_\_\_ Trio \_\_\_\_\_ Group \_\_\_\_\_ How many in group: \_\_\_\_\_

List Dancers' Names Alphabetically: \_\_\_\_\_

\_\_\_\_\_

Name of Piece: \_\_\_\_\_

Style: \_\_\_\_\_ Props: \_\_\_\_\_

Age/Category: Mini 8-9 yrs \_\_\_\_\_ Junior 10-12 yrs \_\_\_\_\_ Teens 13-14 yrs \_\_\_\_\_ Seniors 15-18 yrs \_\_\_\_\_

Solo \_\_\_\_\_ Duet \_\_\_\_\_ Trio \_\_\_\_\_ Group \_\_\_\_\_ How many in group: \_\_\_\_\_

List Dancers' Names Alphabetically: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Mid-Atlantic Dance Initiative and Performance Lab

## MADI Liability Release Form

We, the undersigned parents and/or guardians of \_\_\_\_\_, a minor, upon signing this agreement do hereby acknowledge that the activities that I have requested my daughter/son participate in may be stressful on the body and carry with them the risk of physical injury.

On behalf of my child and her/his parents and/or legal guardians, I assume the risk and agree that the Mid-Atlantic Dance Initiative and Performance Lab, directors, faculty and any MADI staff or volunteers shall not be liable in any way for any injuries sustained or loss of property during attendance of the competition and master classes.

**Medical Release:** My child has permission to receive any necessary emergency medical care. Students must be covered by their own family health insurance. It is understood that the student's own health insurance policy will be the only source of payment for any medical services, out of pocket expenses and pain and suffering that may be incurred or result from treatment due to an injury.

**Media Release:** We understand that MADI will use pictures and videos for promotion material about its programs. We understand that as a participant, the minor mentioned above may be included in video tape or photographs taken during master classes or the competition. We hereby grant MADI licenses, sponsors and television networks and all other commercial exhibitors, the exclusive right to photograph and/or video tape participant and further utilize participant's name, face, likeness, voice and appearance, as part of the program, and in advertising and promoting the program, without reservation or limitation. In granting this license, I understand that MADI is under no obligation to exercise any of its rights, licenses and privileges herein granted by participant.

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

Parent 1: \_\_\_\_\_ Phone \_\_\_\_\_

Parent 2: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider Name: \_\_\_\_\_

Group/Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_