

All Nations Dance REGISTRATION FORM

(Please Print)

Today's Date:			Home Church		
PARTICIPANT INFORMATION					
Dancer's last name: First: Middle:			Dance Experience: None <input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 3-4 years <input type="checkbox"/> 5-6 years <input type="checkbox"/> 7 or more years <input type="checkbox"/>		
Have you ever worshiped God with your dance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever ministered to others through your dance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently a part of a dance ministry and/or company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth date:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Email address:		Home phone no.: ()	
Dance Community: N,S,E,W	City:	State:		ZIP Code:	
Favorite Dance Genre:	I also use the following pageantry aides:			My favorite pageantry aide is:	
I chose to attend, hear about or was referred by (Please check one box):		Name:		<input type="checkbox"/> Flyer	<input type="checkbox"/> Church Announcement
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> e-blast	<input type="checkbox"/> Other	Please explain on next line

WORKSHOP INTEREST		
I am only interested in workshops. <input type="checkbox"/> Yes <input type="checkbox"/> No	I am interested in dance ministry. Where I use my talent to tell the good news of God. His love for us and his plan for salvation. <input type="checkbox"/> Yes <input type="checkbox"/> No	I am interested in becoming an A.N.D core dance team member. <input type="checkbox"/> Yes <input type="checkbox"/> No
I am willing to participate in fundraisers <input type="checkbox"/> Yes <input type="checkbox"/> No		

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to participant:	Home phone no.: ()	Work phone no.: ()
In the event that there is an accident and I cannot be reached. The above named person has authorization to seek care for my daughter/son.			
_____ <i>Parent/Guardian or Participants Signature</i>		_____ <i>Date</i>	

LIABILITY WAIVER	
I understand that as All Nations Dance assumes no liability for injury or harm that may happen to myself child/ren as a result of participating in the aforementioned dance workshops and/or ministry events.	
Sign _____	Date: _____
I give permission for my child/ren to be transported by a dance community leader to a dance community or event.	
Sign _____	Date: _____
I give permission for any and all media of my child to be used in relationship to All Nations Dance	
Sign _____	Date: _____