The Milford United Methodist Church Sacred Dance Registration

	Name of Dancer:			
City/State/Zip:	Phone Number:	Date of Birth:		
Dancer's Measurements: Height Dress Size Bust Waist Hips Girth Parent/Guardian: Email Address: Parent or Guardian Please Read and Sign Below: I, the parent/guardian of the registrant, a minor, recognize the possibility of physic injury associated with dance, and hereby release, discharge and /or otherwise indemnithe Milford United Methodist Church and Rebecca Hart against any claim by or obehalf of the registrant as a result of the registrant's participation in the Sacred Dan-Program. Print Name: Date: I have read the class expectation information and will abide by its wishes. Signature: Date: Often as dancers we are photographed, please sign below: I parent/guardian of give permission to have said child photographed during sacred dance class an performances.	Address:			
Bust Waist Hips Girth Parent/Guardian: Cell Phone: Email Address: Parent or Guardian Please Read and Sign Below: I, the parent/guardian of the registrant, a minor, recognize the possibility of physic injury associated with dance, and hereby release, discharge and /or otherwise indemnithe Milford United Methodist Church and Rebecca Hart against any claim by or debelalf of the registrant as a result of the registrant's participation in the Sacred Dam Program. Print Name: Date: I have read the class expectation information and will abide by its wishes. Signature: Date: Often as dancers we are photographed, please sign below: I parent/guardian of give _n permission to have said child photographed during sacred dance class an performances.	City/State/Zip:			
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	Signature:		Date:	