

2 Day Dance & Music Intensive – June 21 & 22, 2019

Hebrews 2:4 And God confirmed the message by giving signs and wonders and various miracles and gifts of the Holy Spirit whenever he chose.

| (PLEASE PRINT OR TYPE) | | | | | | | | | | |
|--|-----------------------|---------------------|----------------|-------------|--------------|------------|--|--|--|--|
| Participant's Name: | | | | | | | | | | |
| Guardian's Name: | | | | | | | | | | |
| Current address: | | | | | | | | | | |
| City: States | 1 | | Zip Code: | | | | | | | |
| Home Phone: | Cell Phone: | | | Email: | | | | | | |
| Church Name: | | Church Address: | | | | | | | | |
| Church Phone Number: | Pastor/Leader Name: | | | | | | | | | |
| Your position in ministry: □- Leader □- Choreographer □- Dance □- Mime □- Other Your dance level: □- Limited Movement □- Beginner □- Intermediate/Advance □- Youth (7 – 13) Age if under 18 Adults only - Second Class Selection: □- Modern/All Levels □- Modern/Advance □- West African □- Pageantry | | | | | | | | | | |
| | PAYMEN | T METHOD | | | | | | | | |
| The Registration fee is due at the time t | hat you submit this f | orm. Group particip | ants please co | omplete pa | age 2 & 3 of | this form. | | | | |
| | Early Registration e | nds on January 31 | , 2019 | | | | | | | |
| # of Registrants x Rate _\$75.00 = _\$ | | | | | | | | | | |
| METHOD OF PAYMENT □ Cash □ Credit □ PayPal (info@elolamdance.org) Please add \$3 to cover PayPal fee to each registration. □ Cash App - \$ElOlamDance □ Check/Money Order (Please make check out to El Olam Center for Dance) For group participants ages 19 & over please select your second class on the form below. The classes are as follows: - Modern - Adl Levels (Limited Movement to Advance) - Modern - Advance Level (Technically trained and/or can learn difficult choreography) - Pageantry - West African - Dunham - Adult Hip Hop | | | | | | | | | | |
| For more information: <u>www.ElOlamDance.org</u> (248) 599-2239 <u>Info@ElOlamDance.org</u> | | | | | | | | | | |
| LIABILITY WAIVER | | | | | | | | | | |
| hereby waive, release and forever discharge El Olam Center for Dance & Arts, LLC from any and all causes of action, claims, suits, damages and demands whether known or unknown, which I may have had, now have or may later have against and its respective officers, directors, employees, volunteers and representatives, arising out of or in any way connected to my participation in the dance ministry workshops, including any of its respective classes & performance, including but not limited to the El Olam Center for Dance & Arts, LLC and any affiliates associated with the 2-Day Intensive ministry conference. Initials | | | | | | | | | | |
| PHOTO AND VIDEO RELEASE | | | | | | | | | | |
| Ihereby grant permission to individuals associated with El Olam Center for Dance & Arts, LLC and 2-Day Intensive workshops to use all photographs and video footages taken of me and/or my child during my and/or his/her participation with the El Olam Center for Dance & Arts, LLC workshop classes. Initials | | | | | | | | | | |
| SIGNATURE OF AGREEMENT (Agreement for program participation, liability waiver and photo and video release) | | | | | | | | | | |
| Participant Print name | | Participa | nt or Guardia | ans Signatı | ure | Date | | | | |
| Only one form needs to be completed per group. List participants on page 2 of form. Please send registration form and fee to: EL OLAM'S 2 DAY INTENSIVE, PO BOX 756, FARMINGTON MI 48332 OR Email: INFO@ELOLAMDANCE.ORG REFUNDS ARE ALLOWED WITHIN 48 HOURS OF PURCHASE. PLEASE CONTACT US IF YOU NEED A PAYMENT PLAN. | | | | | | | | | | |
| | FOR OFFI | CE USE ONLY | | | | | | | | |
| REGISTRATION: Amount: \$ Date paid: Comments: | | | | | | | | | | |



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PARTICIPANTS FORM

Adult Groups: Please fill out Name, Dance Level, Dancer/Mime and Email Youth Groups: Please fill out Name, Dance Level, Dancer/Mime and Age Second Class Selection: Modern/All Levels, Modern/Advance, West African and Pageantry

| Name | Age | Dance | Dance/ | Email | 2nd Class Selection if | |
|------|-----|-------|--------|-------|------------------------|--|
| | | Level | Mime | | over 19 years of age | |
| 1. | | | | | | |
| 2. | | | | | | |
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| 17. | | | | | | |
| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | | | | |

What to Wear? & What to Bring?

Attire should be modest and loose fitting. <u>Please no bare midriffs or sleeveless tops</u>. Leotards and tights must be covered with a T-shirt. You may wear either of the following: loose sweatpants, jogging suit, palazzo pants, gauchos, knee length dance skirts or Lapas (for African Dance). Please no denim. Bring a washcloth, water bottle and Bible.



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Groups Liability Waiver and Photo & Video Release

Each participant must print and sign the waiver form. Please turn all waivers in with registration form.

| LIABILITY WAIVER | | | | | | | | |
|---|------|--|--|--|--|--|--|--|
| hereby waive, release and foreve | | | | | | | | |
| discharge El Olam Center for Dance & Arts from any and all causes of action, claims, suits, damages and demand | | | | | | | | |
| whether known or unknown, which I may have had, now have or may later have against and its respective officers | | | | | | | | |
| directors, employees, volunteers and representatives, arising out of or in any way connected to my participation in | | | | | | | | |
| the dance ministry workshops, including any of its respective classes & performances, including but not limited to | | | | | | | | |
| the El Olam Center for Dance & Arts and any affiliates associated with the 2-Day Intensive ministry conference. | | | | | | | | |
| Initials | | | | | | | | |
| PHOTO AND VIDEO RELEASE | | | | | | | | |
| I hereby grant permission to individuals | | | | | | | | |
| associated with El Olam Center for Dance & Arts and 2-Day Intensive workshops to use all photographs and video | | | | | | | | |
| footages taken of me and/or my child during my and/or his/her participation with the El Olam Center for Dance | | | | | | | | |
| & Arts workshop classes. Initials | | | | | | | | |
| SIGNATURE OF AGREEMENT (Agreement for program participation, liability waiver and photo and video release) | | | | | | | | |
| | | | | | | | | |
| Participant Print name Phone Number | Date | | | | | | | |
| Print Guardian's Name Participant or Guardian's Signature | | | | | | | | |