



Havre de Grace Dancers



A Program of the Havre de Grace Recreation Committee
Registration Form 2009-2010 - Adult

Name Age Date of Birth

Street Address City/State/Zip Code

Home Phone Cell Phone

E-mail address

Out of county residents pay an additional \$5 per registration/per participant.

Adult Jazz (\$60) Line Dancing (\$60/no recital)

Ballroom Dancing (\$75 per couple/per session)

_____ September thru December Session/_____ January thru April Session

Years Experience in Each Area:

_____ Ballet _____ Tap _____ Jazz _____ Lyrical/Modern _____ Creative Movement

_____ Adult Jazz _____ Line Dancing _____ Ballroom Dancing

List any major scheduling conflicts: _____

Please be aware that we will try to accommodate this request, but no guarantee is being made. Student placement will be determined by the teacher.

Classes will be held at Meadowvale Elementary, HdG Activity Center & HdG Middle School.

Classes will begin the week of September 21, 2009.

Please make your check or money order payable to HdG Rec Committee. There will be a \$25 returned check fee.

Mail to: Havre de Grace Dancers, 351 Lewis Lane, Havre de Grace, MD 21078 (must be postmarked Aug 15, 2009)

REFUNDS WILL ONLY BE GRANTED IF PROGRAM IS CANCELLED BY HAVRE DE GRACE REC COMMITTEE. THE COMMITTEE GUARANTEES THE PROGRAM ONLY, NOT A SPECIFIC TEACHER OR A SPECIFIC CLASS NIGHT.

I understand that I/my child/ward will not be covered by any program insurance and I agree that I will not hold the team, program, coach, instructor or Havre de Grace Recreation Committee responsible for injuries received while participating in the above noted program. I also accept financial responsibility for the return or replacement of equipment issued to me/my child/ward for use during the program. By affixing my signature, I certify that I/my child/ward are aware of the inherent risk involved in participating in a program and that I/my child/ward am physically capable of participating in this program. **I, the undersigned, agree to abide by the Code of Ethics and further agree to abide by all Recreation Council and program specific rules and regulations.**

Signature Date

Cashier: Amount Paid: _____ Check #: _____ Received by: _____ Date Rec'd: _____

HdG Dancers Emergency Contact and Medical Information

Name

Home Phone

Work Phone

Cell Phone

Address

City, State, Zip Code

Date of Birth

Alternative Emergency Contacts

Primary Emergency Contact

Home Phone

Work Phone

Cell Phone

Address

City, State, Zip Code

Secondary Emergency Contact

Home Phone

Work Phone

Cell Phone

Address

City, State, Zip Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Insurance Company

Allergies/Special Health Consideration

Phone Number

Group Number/Policy Number

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Signature

Date

I release Havre de Grace Dancers and Havre de Grace Recreation Committee and individuals from liability in case of accident during activities related to Dance, as long as normal safety procedures have been taken.

Signature

Date

Witness Signature

Date

Consent to Photograph

Video/Photo Release Authorization

I, the undersigned, give permission to Havre de Grace Recreation Committee, and/or parties designated by Havre de Grace Recreation Committee to photograph the person named below and use such photographs in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use. I further consent to the use of the name of the person named below in connection with the photographs if needed by Havre de Grace Recreation Committee.

I understand that there will be no financial compensation for my time or expenses for this consent to photograph or use of the person's name and release Havre de Grace Recreation Committee from any claims.

Dated: _____

Print Name: _____

Signature (of parent/guardian if under 18 years of age):

Address: _____

Email: _____

Phone: _____

Witness Signature: _____