



## Battlefords Highland Dancing Association 2018-2019 Registration Form

**\*\*\*Please print/type clearly\*\*\***

<b>Surname:</b>	
<b>Name of parent(s):</b>	
<b>Address:</b>	Street Address/Box #:
	City:
	Postal Code:
<b>Phone:</b>	(h)
	(c)
<b>Email Address:</b>	1)
	2)

*Email is the primary way BHDA communicates with member families.*

*Please provide an email address you will check regularly.*

<b>Name of Dancer</b>			
<b>Birthdate</b>			
<b>Years Danced</b>			
<b>Competition Level</b>			
<b>Age as of Sept 30/18</b>			
<i>For office use</i>	Class Time:	Teacher:	Term 1 Fees:
<b>Name of Dancer</b>			
<b>Birthdate</b>			
<b>Years Danced</b>			
<b>Competition Level</b>			
<b>Age as of Sept 30/18</b>			
<i>For office use</i>	Class Time:	Teacher:	Term 1 Fees:
<b>Name of Dancer</b>			
<b>Birthdate</b>			
<b>Years Danced</b>			
<b>Competition Level</b>			
<b>Age as of Sept 30/18</b>			
<i>For office use</i>	Class Time:	Teacher:	Term 1 Fees:
<b>Dance Membership per Dance Family</b>		\$50.00	Received <input type="checkbox"/>
<b>Membership Commitments for 2018-2019</b>		\$100.00 Volunteer Commitment Cheque Received <input type="checkbox"/>	
Competition October 20, 2018 (4 hours)		Robbie Burns January 26, 2019	
Provincial Competition May 25/26, 2019 (4 hours)			

**Waiver:** I hereby give permission for the names and/or pictures of the dancer(s) listed above to be used by the BHDA in their newsletter, website, media and other publications. \_\_\_\_\_

**Waiver:** In consideration of accepting this registration, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Battlefords Highland Dance Association, its agents, representatives, successors and assignees, for any and all injuries suffered by me at or through activities sponsored by Battlefords Highland Dance Association \_\_\_\_\_