

2016-2017 **TOWSONTOWNE RECREATION COUNCIL**  
**DANCE PROGRAM REGISTRATION FORM**

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Check one:     RIDERWOOD (Mondays)     RIDGE RUXTON (Tuesdays)  
                   RIDERWOOD (Fridays)         CROMWELL (Wednesdays)

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**IMPORTANT:** As stated in the registration letter, if you register your child(ren) on different days, we cannot guarantee that those classes will perform in the same recital. We will do our best to accommodate everyone's first choice.  
**REFUND POLICY:** After your child takes ONE CLASS, there will be NO REFUNDS AND YOU LOSE ALL RIGHTS TO THE PROGRAM (AND THIS INCLUDES COSTUME) if your child drops the program FOR ANY REASON during the '16-'17 dance season (Sept-May). NO EXCEPTIONS!!! If you have a problem, you **MUST** notify the chairman (not the instructors) immediately **BEFORE YOUR CHILD TAKES CLASS**. The registrant has my permission to participate in this program. I will not hold the TOWSONTOWNE RECREATION COUNCIL or it's representatives responsible for injuries incurred during the duration of the program. This program does not carry medical insurance on its participants. I also acknowledge that I have received, read and agree to follow the rules and regulations outlined in the August, 2016, registration letter, in particular the refund policy as reiterated above.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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Please print CLEARLY

DANCER'S NAME: \_\_\_\_\_

DANCER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DANCER'S PHONE NUMBER : (\_\_\_\_\_) \_\_\_\_\_

PHONE NUMBER TO CALL FOR CANCELLATION OF CLASS: (\_\_\_\_\_) \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Work Number: (\_\_\_\_\_) \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's Work Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ (confidential)

**In Case of Emergency (If unable to reach parents):**

**Name:** \_\_\_\_\_

**Relationship to dancer:** \_\_\_\_\_

**Home phone:** (\_\_\_\_\_) \_\_\_\_\_

**Work phone:** (\_\_\_\_\_) \_\_\_\_\_

\*\*\* Please Complete the Other Side \*\*\*

**CHECK CLASSES TO BE TAKEN AND LIST ALL PRIOR EXPERIENCE:**

_____ Ballet	_____ yrs. exp.	_____ Adult Ballet	_____ yrs. exp.
_____ Jazz	_____ yrs. exp.	_____ Adult Jazz	_____ yrs. exp.
_____ Tap	_____ yrs. exp.	_____ Tap Production	_____ yrs. exp.
_____ Hawaiian	_____ yrs. exp.	_____ Dance Company	_____ yrs. exp.
_____ Maori	_____ yrs. exp.	_____ SR. Dance Company	_____ yrs. exp.
_____ Pointe	_____ yrs. exp.	_____ Hip-Hop Company	_____ yrs. exp.

**\*\*\* IMPORTANT NOTE: If you are trying out for Dance Company, SR. Dance Company and/or Hip-Hop Company, you MUST still register for at least one regular class. If you are selected for Company(s), you may continue in your regular class(es) as well or dance only in the Company(s). We MUST know your decision regarding matter AT THE TIME OF REGISTRATION to avoid overloading the waiting lists.**

**PLEASE CHECK ONE IF TRYING OUT FOR COMPANY(S): If selected for the Company(s), the dancer will:**

\_\_\_\_\_ dance in the regular classes as well as Company(s)  
 \_\_\_\_\_ dance ONLY in the Company(s)

**ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:**

I HEREBY CONFIRM PARTICIPANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ACTIVITY. I ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY. I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party, or person involved in any regard with the activity or the activity premises, and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an "Activity Representative" and collectively the "Activity Representatives"), SHALL NOT BE RESPONSIBLE OR LIABLE IN ANY REGARD OR MANNER FOR ANY AND ALL PROPERTY DAMAGE OR BODILY INJURY (INCLUDING SERIOUS PHYSICAL INJURY OR EVEN DEATH) INCURRED BY PARTICIPANT OR ANY PARTY RELATED THERETO AS A RESULT OF HIS/HER PARTICIPATION IN THE ACTIVITY.

I have read, fully understand and hereby freely sign, approve of, and agree to the terms of the registration form. I HEREBY UNCONDITIONALLY RELEASE, DISCHARGE, CONVENANT NOT TO SUE, WAIVE MY RIGHTS AND REMEDIES, AND AGREE TO HOLD HARMLESS THE ACTIVITY REPRESENTATIVE from any and all claims costs, demands, losses, damages, or expenses associated with, in whole or in part, participants involvement with the activity. I certify all answers and information provided on the registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council, in writing, if any of the information provided in the registration is incorrect or changes during the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form to the recreation council.

Signature of Participant (if over 18) OR Parent/Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Signatory \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

**\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\***

<b><u>CLASS DAY (Circle) /TIME:</u></b>	T _____	<b>POINTE</b>
M W F _____	T _____	<b>ADULT BALLET</b>
_____ <b>BALLET</b>	T _____	<b>ADULT JAZZ</b>
M W F _____	T _____	<b>TAP PRODUCTION</b>
_____ <b>JAZZ</b>	T _____	<b>DANCE COMPANY</b>
M W F _____	T _____	<b>SR. DANCE COMPANY</b>
_____ <b>TAP</b>	T _____	<b>HIP-HOP COMPANY</b>
M W F _____		
_____ <b>HAWAIIAN</b>		
M W F _____		
_____ <b>MAORI</b>		

Registration due \$ \_\_\_\_\_

Comments:

**TOTAL DUE at REGISTRATION \$ \_\_\_\_\_**

**DATE PAID    AMOUNT PAID    CK#    BALANCE DUE**