



Rap It Up 2011 Registration Form

October 8, 2011—Murray High School

School/Studio Name (leave blank if entering as an individual)

Phone #

Main Contact Name

Alt. Phone #

Street Address

State

Zip

Email Address REQUIRED

Alt. Email

FULL PAYMENT DUE BY OCTOBER 1ST, 2011

LATE REGISTRATION IS \$100.00 PER PERSON

One teacher may attend free with every 10 students, up to *FOUR* teachers. Cost for each attendee is \$80.00 before Oct. 1st, 2011. Any admissions after Oct. 1st, 2011 is \$100.00. Cash, cashier's check, or credit card will be the only form of payment accepted. (NO PERSONAL CHECKS) The only form of payment that will be accepted the day of the event will be CASH ONLY. Parents may purchase a spectator day pass for \$25.00 in advance or at the door. People with spectator passes will only be allowed to watch, not participate, in the classes. There will be no charge to attend the final showcase at 4:30 PM. To respect our choreographers' hard work and expertise, **ABSOLUTELY NO VIDEO OR PICTURE TAKING WILL BE ALLOWED AT THE WORKSHOP.** DVD's of the entire day will be available for purchase at the workshop for \$25.00.

PLEASE LIST ALL ATTENDEES BELOW, INCLUDING TEACHERS—COPY AND ATTACH ADDITIONAL PAGES IF NEEDED

FULL NAME	AGE (if under 18)	ABILITY LEVEL—AMOUNT OWED				
_____	_____	<input type="checkbox"/> BEG	<input type="checkbox"/> INT	<input type="checkbox"/> ADV	<input type="checkbox"/> PRO	\$80.00
_____	_____	<input type="checkbox"/> BEG	<input type="checkbox"/> INT	<input type="checkbox"/> ADV	<input type="checkbox"/> PRO	\$80.00
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_____	_____	<input type="checkbox"/> BEG	<input type="checkbox"/> INT	<input type="checkbox"/> ADV	<input type="checkbox"/> PRO	\$80.00

Please make checks payable to: DANCE AMERICA

OR pay by credit card: VS/MC, AMEX, DSCVR

Bringing 10 attendees?
List free teacher #1 here: _____

CARD #: _____

Bringing 20 attendees?
List free teacher #2 here: _____

EXP DATE: ____/____

Bringing 30 attendees?
List free teacher #3 here: _____

Signature: _____

Bringing 40 attendees?
List free teacher #4 here: _____

TOTAL ALL PAGES





Dance America Liability Form

Waiver of Liability/Medical/Publicity Release Form

I hereby waive and absolve Dance America, Inc., and all division thereof of any and all liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during participation/attendance in competitions, camps, workshops, and related activity by myself/my child, whose name is

Please print full name of attendee/participant

Age as of event date

In consideration of my signed release allowing my child/myself to participate in a Dance America activity, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against Dance America, the camp/clinic directors or their respective employees, office agents, representative, successors, and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or riding out of travel to and/or return from the respective Dance America event site. In the event of injury/accident/sickness, Dance America officials and/or instructors are to contact the designated adult listed below. In addition, I hereby give my permission for myself/my child to be photographed, videotaped, and/or audio-taped during any Dance America activity. I further give permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of Dance America activities, and for publicity surrounding participation in Dance America events.

Signature of self, or parent/guardian if under 18

Phone Number (include area code)

Home Address

City, State, Zip Code

Date

Signed liability form is REQUIRED to participate in any Dance America activity.

IN CASE OF EMERGENCY, PLEASE CONTACT:
Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Alt #: (____) _____
Doctor's Name: _____
Doctor's Phone: _____