

ELKO ARINAK BASQUE DANCE REGISTRATION FORM

Dancer's Name: _____

Parent /Guardian's Name (if under the age 18):

Age: _____ DOB: _____

Address: _____ City: _____

Phone Number: _____

Email: _____

Price per Dancer \$15

Payment Type: _____ Check No: _____

*****All dancers must be members of the Elko Euzkalundak Club. If dancer is 18 years of age or younger, parent/guardian must be current member*****

Current member: Yes No

IN CASE OF EMERGENCY

Name:

Relationship :

Phone:

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Waiver: I do hereby release the Elko Euzkaldunak Club house, dance instructors and all other students in any capacity for any liability due to injuries, etc that I may obtain as a result of my attendance or participation in any and all dance classes or performances at the Elko Euzkaldunak Club house or any special event associated with this class. I clearly understand that participation in this class will involve dance and bodily exercise and movement with rigorous activity. I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate in the class for which I have registered and that I have medical coverage or personal means to cover the expenses related to any injury that I might receive as a result of my participation.

Participants Signature:

(Parent or Guardian Signature if under 18 years of age)

Date: