



REGISTRATION FORM

Dancers Name: _____

Parents/Guardian's Name (if under 18): _____

Age: _____ Date of Birth: _____

Address: _____ City: _____

Phone Number: _____ Email: _____

Price per Dancer: \$20 Payment Type: ☐ cash ☐ check check #: _____

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

Current member: ☐ YES ☐ NO *If no, please ask Elko Arinak instructor for membership form*

IN CASE OF EMERGENCY

Name: _____ Relationship: _____ Phone: _____

Waiver: I do hereby release the Elko Euzkaldunak Club, the property, 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/Guardian Signature if under 18)

Date

