

Mason Dixon Spring Stomp 2017 Registration Form (page 1)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ E-mail: _____

Club/Studio/Team: _____ Exhibition: YES or NO

Please list below the names & emails of all additional dancers and spectators.

Name: _____ email: _____

Name: _____ email: _____

Name: _____ email: _____

_____ Dancers @ \$20 (before 3/1/17) \$ _____

_____ Dancers @ \$25 (after 3/1/17) \$ _____

_____ Beginners from Scratch (10am-11am) @ \$5..... \$ _____

_____ Spectators @ \$5..... \$ _____

_____ Syllabus @ \$5..... \$ _____

_____ T-Shirt @ \$15 for YS-AXL; @ \$18 for A2XL-3XL (**due 3/1/17**)..... \$ _____

_____ YS _____ YM _____ YL (Youth sizes: Gildan 5000B)

_____ AS _____ AM _____ AL _____ AXL

_____ A-2XL (\$18) _____ A3XL (\$18) (Adult sizes: Gildan 64000)

_____ Long Sleeve T-Shirt (Gildan 5400) @ \$20 (**due 3/1/17**)..... \$ _____

_____ AS _____ AM _____ AL _____ AXL

_____ Pullover Hoodie (Gildan 18500) @ \$25 (**due 3/1/17**)..... \$ _____

_____ AS _____ AM _____ AL _____ AXL

_____ Full Zipper Hoodie (Gildan 18600) @ \$30 (**due 3/1/17**) \$ _____

_____ AS _____ AM _____ AL _____ AXL

_____ ¼ Zip Cadet Sweat Shirt (Jerzees 995M) @ \$35 (**due 3/1/17**) \$ _____

_____ AS _____ AM _____ AL _____ AX

TOTAL ENCLOSED..... \$ _____



All apparel will be purple with logo printed in white & pink.

Mason Dixon Spring Stomp 2017 Registration Form (page 2)

Waiver of Liability: Clogging is a physical activity that requires exertion and movement. The undersigned acknowledges that he/she is in good health and agrees to consult a physician if there is any question as to his/her ability to participate in this activity. It is further acknowledged that the Recreation Council does not provide any medical or hospitalization insurance whatsoever. The registrant agrees to waive any and all claims against the Recreation Council and the Department of Recreation and Parks or any other person affiliated with the Recreation Council program for injuries sustained while participating in, watching, or traveling to and from the clogging program or any other sponsored activity.

Authorization for Use of Photographic Likeness: I agree to allow Carroll County Recreation and Parks to take and utilize photographic images of the registered individual(s) for the purpose of promotion and publicizing of the Department Programs and/or events. If I prefer to not allow the above registered participant(s) to be photographed, I will call (410) 386- 2103 to register my request.

Printed Name: _____

Date: _____

Signature: _____
(If under 18, signature of parent or guardian is required)

Printed Name: _____

Date: _____

Signature: _____
(If under 18, signature of parent or guardian is required)

Printed Name: _____

Date: _____

Signature: _____
(If under 18, signature of parent or guardian is required)

Printed Name: _____

Date: _____

Signature: _____
(If under 18, signature of parent or guardian is required)

Please complete page 1 and 2 of this registration form including the waiver of liability and authorization for use of photographic likeness for **each** dancer and spectator registered. Mail completed form (pages 1 & 2) with payment in full (checks payable to Carroll County Cloggers) to:

Diane Gehret
3670 Mandolin Drive
Hampstead, MD 21074

