In My CLOGGING Era

Mason Dixon Spring Stomp 2026 Registration Form (page 1)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Email: _____

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

_____ Dancers @ $30 **(before 2/6/26)** ..... $ _____

_____ Dancers @ $35 **(after 2/6/26)** ..... $ _____

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

_____ Digital Syllabus @ $5 ..... $ _____

_____ Print Syllabus @ $12 **(due 2/6/26)** ..... $ _____

_____ Lunch – Pizza, salad & beverage @ $10 **(due 2/6/26)** ..... $ _____

_____ Dinner – Mission BBQ @ $20 **(due 2/6/26)** ..... $ _____

_____ Gildan 64000 T-shirt; Heather Orange @ $25 **(due 2/6/26)** ..... $ _____

_____ AS _____ AM _____ AL _____ AXL

_____ A-2XL ($28) _____ A-3XL ($29)

_____ Gildan 64000B Youth T-shirt; Heather Orange @ $20 **(due 2/6/26)** ..... $ _____

_____ YS _____ YM _____ YL _____ YXL

TOTAL ENCLOSED ..... $ _____

Mason Dixon Spring Stomp 2026 Registration Form (page 2)

Waiver of Liability

I, in my legal capacity as parent/legal guardian of the minor(s) named on the Carroll County Department of Recreation & Parks Registration Form, or as a participating adult over the age of eighteen (18), recognize and acknowledge that there are certain risks of physical injury, property damages and expenses which my child(ren) or I may sustain as a result of participating in this Program. I further agree on behalf of the minor(s) named on the Carroll County Department of Recreation & Parks Registration Form or myself, heirs, representatives, executors, administrators and assigns to assume all risk and agree to fully release, discharge, indemnify, hold harmless and defend Carroll County Government and its employees, volunteers, agents, and servants from any and all claims for personal injury, property damage, death or accident of any kind arising out of or in any way related to the participation in the Program, however the injury or damage occurs.

Authorization for Use of Photographic Likeness

I agree to allow the Carroll County Department of Recreation & Parks to take and utilize photographic images of the registered individual(s) for the purpose of promoting and publicizing of the Department's 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)

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.

Payment methods accepted are cash and checks payable to Carroll County Cloggers. Currently, we are unable to accept any other form of payment. Mail registration and payment to:

Lora Strosnider
8502 Forest Stream Club Rd.
Keymar, MD 21757

The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact The Department of Citizen Services,410-386-3600 or 1-888-302-8978 or MD Relay 711/1-800-735-2258 or email ada@carrollcountymd.gov as soon as possible but no later than 72 hours before the scheduled event.