



JULY 10 - 11, 2023

2023 REGISTRATION FORM

Registration date: _____

Dancer Information:

Dancer Last Name: _____	First Name: _____	
Date of Birth (MM/DD/YYYY): _____	Age: _____	
Gender: <input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary / Non-conforming / Gender fluid / Other
Address: _____		
City/Town: _____	Prov: _____	Postal Code: _____
Phone Number: _____	Email: _____	
Studio Name: _____	How Did You Hear About Us? _____	

Health Care Information:

Personal Health Care Number: _____	Province of PHC: _____
Emergency Contact Person: _____	Relation: _____
Contact Number: _____	
Medical Conditions/Allergies/Food Restrictions that we need to know about:	

Level (please select one):

<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
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**Please ask your teacher which is the most appropriate level for you according to your training*

Registration Options:

2-day pass 1-day pass

Early bird tuition: \$249 + taxes (2-day pass)
\$149 + taxes (1-day pass) – *Deadline May 1st, 2023*

Regular tuition: \$299 + taxes (2-day pass)
\$199 + taxes (1-day pass)

Payment Method: Credit Card E-transfer

I'm a 2023 Rocky Mountain Dance Intensive scholarship
recipient.

Registration comments:

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Showtime Dance Promotions.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name (Please print legibly.)

Parent/Guardian's Signature

Date

Parent / Guardian's Name

(If under 18 years old, Parent or Guardian must also sign.)

