



SHDA#: _____
PAID: _____

SASKATOON HIGHLAND DANCING ASSOCIATION
2018-2019 REGISTRATION FORM – **FULL MEMBERSHIP**

****PLEASE PRINT CLEARLY****

MEMBER INFORMATION

Surname:			
First Name of Parent(s) or Dancer:	*Please circle name of designated voting member		
Address:	(Street Address/Box #)		
	(City)	(Postal Code)	
Phone:	(H)	E-Mail Address 1:	
	(C)	E-Mail Address 2:	

DANCER INFORMATION

Name of Dancer:		Birthdate:		Age (as of Sep 30/18):	
Dance School:		Competitive Category (Primary, Beginner, etc., as of September 30/18):			
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Dance School:		Competitive Category (Primary, Beginner, etc., as of September 30/18):			

FULL MEMBERSHIP DUES:

[applicable to designated dancers (any dependent child to the age of 25) and one parent or legal guardian; or an individual dancer over the age of 18 years]

LATE FEE FOR RENEWALS: \$50.00 after October 31, 2018.

<input type="checkbox"/> One Dancer: \$75/year [\$125.00 from November 1 st , 2018 onward for renewals]	<input type="checkbox"/> Each Additional Dancer: \$15/year
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FULL MEMBER COMMITMENTS:

Folkfest 2019: Date: TBA	Full Members: 20 Volunteer Hours	*Full Members Folkfest Commitment cheque	<input type="checkbox"/> Received \$300 cheque postdated for August 1, 2019
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***PLEASE NOTE:** If Folkfest volunteer commitments are not met when your shifts are scheduled your cheque will be cashed. It is **your** responsibility to provide a worker to cover your full membership commitments.

DANCE-OUTS:

Minimum of 3 per year/dancer (not including Folkfest). Complete dance-out form at:
<https://www.surveymonkey.com/r/7VY5X8X>

WAIVER:

I hereby give permission for the names and/or pictures of the dancer(s) listed above to be used by the SHDA in their newsletter, website, media, and other publications. In consideration of accepting this registration, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Saskatoon Highland Dancing Association, its agents, representatives, successors, and assignees, for any and all injuries suffered by me at or through activities sponsored by Saskatoon Highland Dancing Association.

Signature of parent (or dancer 18 years or older)

Date Signed