



SHDA#: _____
 PAID: _____
 DATE REC'D: _____

SASKATOON HIGHLAND DANCING ASSOCIATION
 2019-2020 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 30/19):	
Dance School:		Competitive Category (Primary, Beginner, etc., as of September 30/19):			
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Dance School:		Competitive Category (Primary, Beginner, etc., as of September 30/19):			

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]

<input type="checkbox"/> \$75/year first dancer	TOTAL:	LATE FEE FOR RENEWALS	TOTAL:
<input type="checkbox"/> \$15/additional dancer		<input type="checkbox"/> (\$50 late fee effective Nov. 1/19)	

FULL MEMBER COMMITMENTS:

Folkfest 2020: Date: TBA	Full Members: 20 Volunteer Hours/Membership	*Full Members: Folkfest Commitment cheque	<input type="checkbox"/> Received \$300 cheque postdated for August 1, 2020
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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:

Full members are required to participate in a minimum of 3 per year/dancer (not including Folkfest). To be eligible to perform at dance-outs and Folkfest, Full members must 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