



SHDA#: \_\_\_\_\_  
 Paid: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_

**Saskatoon Highland Dancing Association  
 2019-2020 REGISTRATION FORM - TEACHER MEMBERSHIP**

**\*\*PLEASE PRINT CLEARLY\*\***

<b>MEMBER INFORMATION</b>			
<b>Surname:</b>			
<b>First Name of Teacher:</b>			
<b>Dance School:</b>			
<b>Address:</b>	(Street Address/Box #)		
	(City)	(Postal Code)	
<b>Telephone:</b>	(H)	<b>Email Address 1:</b>	
	(C)	<b>Email Address 2:</b>	

**Teacher Membership**

<input type="checkbox"/>	<b>Teacher \$5/year</b>	(Teaches dancers from the SHDA, or is a non-practicing teacher who resides in the Saskatoon district).	
<input type="checkbox"/>	<b>Fundraising Teacher* \$5/year</b>	(Teachers who participate in fundraising are eligible for the same benefits accorded to full members).	<input type="checkbox"/> <b>*Fundraising Teachers: Received \$300 Folkfest Membership Commitment cheque Postdated for August 1, 2020</b>

**MEMBERSHIP COMMITMENTS for 2019-2020**

<b>Folkfest 2020:</b> Date TBA	<b>Fundraising Teacher Members:</b> 20 Volunteer Hours
--------------------------------	--

**\*Fundraising Teachers:** 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 membership commitments.

**WAIVER**

I hereby give permission for the name and/or pictures of the individual 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 guardian if dancer is under 18 years of age)*