

2025-2026 **TOWSONTOWNE RECREATION COUNCIL**
DANCE PROGRAM REGISTRATION FORM

Check one: RIDERWOOD (Mondays)
 RIDERWOOD (Thursdays)

IMPORTANT: As stated in the registration letter, if you register your child(ren) on different days, we cannot guarantee that those classes will perform in the same recital. We will do our best to accommodate everyone's first choice.
REFUND POLICY: After your child takes ONE CLASS, there will be NO REFUNDS AND YOU LOSE ALL RIGHTS TO THE PROGRAM (AND THIS INCLUDES COSTUME) if your child drops the program FOR ANY REASON during the '25-'26 dance season (Sept-May). NO EXCEPTIONS!!! If you have a problem, you **MUST** notify the chairman (not the instructors) immediately **BEFORE YOUR CHILD TAKES CLASS**. The registrant has my permission to participate in this program. I will not hold the TOWSONTOWNE RECREATION COUNCIL or it's representatives responsible for injuries incurred during the duration of the program. This program does not carry medical insurance on its participants. I also acknowledge that I have received, read and agree to follow the rules and regulations outlined in the August, 2025, registration letter, in particular the refund policy as reiterated above.

Parent's signature _____ Date _____

Please print CLEARLY

DANCER'S NAME: _____

DANCER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DANCER'S PHONE NUMBER : (_____) _____

PHONE NUMBER TO CALL FOR CANCELLATION OF CLASS: (_____) _____

SCHOOL ATTENDING: _____

GRADE: _____ BIRTHDATE: _____

Father's Full Name: _____

Father's Work Number: (_____) _____

Mother's Full Name: _____

Mother's Work Number: (_____) _____

Email Address _____ (confidential)

In Case of Emergency (If unable to reach parents):

Name: _____

Relationship to dancer: _____

Home phone: (_____) _____

Work phone: (_____) _____

*** Please Complete the Other Side ***

CHECK CLASSES TO BE TAKEN AND LIST ALL PRIOR EXPERIENCE:

_____ Ballet _____ yrs. exp. _____ Tap Production _____ yrs. exp.
 _____ Jazz _____ yrs. exp. _____ Dance Company _____ yrs. exp.
 _____ Tap _____ yrs. exp. _____ SR Dance Company _____ yrs. exp.
 _____ Hawaiian _____ yrs. exp. _____ JR Hip Hop Company _____ yrs. exp.
 _____ Maori _____ yrs. exp. _____ Hip Hop Company _____ yrs. exp.
 _____ Pointe _____ yrs. exp.

***** IMPORTANT NOTE: If you are trying out for Dance Company, SR. Dance Company, JR Hip Hop Company and/or Hip-Hop Company, you MUST still register for at least one regular class. If you are selected for Company(s), you may continue in your regular class(es) as well or dance only in the Company(s). We MUST know your decision regarding matter AT THE TIME OF REGISTRATION to avoid overloading the waiting lists.**

PLEASE CHECK ONE IF TRYING OUT FOR COMPANY(S): If selected for the Company(s), the dancer will:
 _____ dance in the regular classes as well as Company(s)
 _____ dance **ONLY** in the Company(s)

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:

I HEREBY CONFIRM PARTICIPANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ACTIVITY. I ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY. I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party, or person involved in any regard with the activity or the activity premises, and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an "Activity Representative" and collectively the "Activity Representatives"), SHALL NOT BE RESPONSIBLE OR LIABLE IN ANY REGARD OR MANNER FOR ANY AND ALL PROPERTY DAMAGE OR BODILY INJURY (INCLUDING SERIOUS PHYSICAL INJURY OR EVEN DEATH) INCURRED BY PARTICIPANT OR ANY PARTY RELATED THERETO AS A RESULT OF HIS/HER PARTICIPATION IN THE ACTIVITY.

I have read, fully understand and hereby freely sign, approve of, and agree to the terms of the registration form. I HEREBY UNCONDITIONALLY RELEASE, DISCHARGE, CONVEYANT NOT TO SUE, WAIVE MY RIGHTS AND REMEDIES, AND AGREE TO HOLD HARMLESS THE ACTIVITY REPRESENTATIVE from any and all claims costs, demands, losses, damages, or expenses associated with, in whole or in part, participants involvement with the activity. I certify all answers and information provided on the registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council, in writing, if any of the information provided in the registration is incorrect or changes during the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form to the recreation council.

Signature of Participant (if over 18) OR Parent/Guardian (if under 18) _____ Date _____

Print Name of Signatory _____ Relationship to Participant _____

****** DO NOT WRITE BELOW THIS LINE ******

<u>CLASS DAY (Circle) /TIME:</u>		T _____	POINTE
		T _____	TAP PRODUCTION
M W F _____	BALLET	T _____	DANCE COMPANY
M W F _____	JAZZ	T _____	SR. DANCE COMPANY
M W F _____	TAP	T/F _____	JR. HIP HOP COMPANY
M W F _____	HAWAIIAN	T _____	HIP HOP COMPANY
M W F _____	MAORI		

Registration due \$ _____

Comments:

TOTAL DUE at REGISTRATION \$ _____

DATE PAID AMOUNT PAID CK# BALANCE DUE