

2024 DANCE SIGN UP

Complete one form in its entirety for each participant.

FORMS DUE May 17, 2024

Please Print Legibly

Participant's Name _____ D.O.B. _____ Grade _____

M or F _____ Age _____

Address _____ Telephone _____
(street) (city) (state) (zip)

Text Available? YES NO

Email _____

Parents/Guardian Name _____

Shirt Size (circle one) Youth- XS S M L Adult- S M L XL XXL

Select one:

_____ Babes 3-5 year olds 10:45-11:15AM _____ Jazz/Hip Hop 5-8 year olds 10-10:45 AM

_____ Jazz/Hip Hop 9-13 year olds 11:15 AM -12 PM

Dance Information: Sarah Burkhead will be doing instructional dance classes for 3-13 year olds. Each class will include proper stretching, warm-ups, dance technique & choreography. Classes will be held once a week for 6 weeks during the above times for each age group. Classes will be Thursday mornings June 6th – July 18th. Recital Performance will be on the 18th at 5pm. As of now classes & recital location will be at Central Plains High School Auditorium.

| | | |
|---|-------------|----------------|
| Activity Name: | Fee: | After 5/17/24: |
| Babes 3-5 yrs old ----- | \$55 | \$60 |
| Jazz/Hip Hop (both age groups) ----- | \$60 | \$65 |

NO FORMS will be accepted after 5/24/24 **(Payable to Sarah Burkhead)**
Payment Due when form turned in

Emergency Contact Information:

Name: _____ Relationship: _____ Telephone: _____

Waiver and Consent Statement: I, the undersigned, state that I understand the Claflin/Bushton/Holyrood Rec & Central Plains School District/Central Plains High School is not, nor shall not be responsible for, or liable for illness to any person or damage to property resulting from the program in which the undersigned is enrolled or from my participation in said program. I, also, assume all physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless the Claflin/Bushton/Holyrood & Central Plains School District/Central Plains High School, & its officials, coaches/volunteers, officers, and employees and/or any other civic or private organization appointed by it from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury to child or person. In case of sickness or injury, I authorize the calling of 911 and/or providing other necessary first aid and medical services. I understand that responsible measures will be taken to safeguard the healthy and safety of the participant. I, the undersigned, also waive any and all claims that I or my heirs, executors, administrators or assigns may claim to have resulting from a photograph, video or reproductions thereof of me while participation in Claflin/Bushton/Holyrood & Ellsworth Recreation Commission programs.

I HAVE READ AND UNDERSTAND THE WAIVER AND CONSENT STATEMENTS.

Signature: _____ Date: _____

RETURN FORMS BY **MAY 17, 2024** - BY MAIL OR DROP OFF ONLY TO:

CLAFLIN REC, PO Box 14, 406 Main St., Claflin, KS 67525.

QUESTIONS CALL: 620-588-4321 or EMAIL: claflinrec@gmail.com

NO FORMS ACCEPTED AFTER MAY 24, 2024- NO EXCEPTIONS!