CHERRY CITY CLOGGERS

REGISTRATION – CONSENT – RELEASE

Name _____ Ph. (H/C) _____(W) _____

Address _____ City _____State ___ Zip _____

Today's Date _____ E-Mail_____

Emergency Contact & Phone No. _____

Where did you hear of/see us? _____

☐ Please check box if you would like to receive club e-mails (i.e., club announcements, class cancellation, etc).

Beginner class fees: (4 month session) $ Amt.

Individual dancer: $50 pre registered
$60 at the door _____

Glue on Taps: $15 Pr. *Quantity* ☐ _____

Please return this form and your check or money order (made out to Cherry City Cloggers) to:

Glee Johnson
Cherry City Cloggers
283 N. Atwater
Monmouth, OR 97361

Total Paid _____

I have volunteered to participate in a program of clog dancing conducted by instructors for the Cherry City Cloggers. I recognize the possibility that certain unusual changes may occur to me during any physical activity. Those possible changes include abnormal blood pressure, fainting, disorders of the heart beat, and very rare instances of heart attack. I HEREBY ACKNOWLEDGE AND ACCEPT THESE RISKS. To my knowledge, I do not have any limiting physical condition or disability which would preclude my involvement in this clog dancing program.

I hereby waive and release, for myself and my heirs and administrators, all rights and claims for damages I may have against any individual instructor for the Cherry City Cloggers, against the Cherry City Cloggers, or against both, as well as owners and employees of the premises utilized for instruction of the clog dance program, for any and all injuries which may be suffered by me in connection with my participation in this clog dance program, whether or not such injuries are the result of the negligence or any or all of the foregoing.

_____ _____

Signature (self, parent or guardian) Date