

Today's Date: _____

Email Address: _____

Ellen Lambert Murphy Memorial Center
20-21 Durkee Street
Winchester, NH 03470
603/239-4316 Fax 603/239-6713
www.elmcenter.net
Program Registration

Participant Name: _____

Program: Line Dance Lessons

Address: _____ Male: _____ Female: _____

Are you over the age if 18? YES/NO If no, parents must also sign at the bottom. Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone #: _____

Name of Emergency Contact: _____ Phone#: _____

Participants Insurance Co.: _____ Policy#: _____

Medical Information:

Any Allergies? _____ Allergic to drugs? _____

Does Participant suffer from: Asthma _____ Diabetes _____ Epilepsy _____ Arthritis _____ other physical limitations _____

Is there any additional medical information the volunteer instructor or co participants should know?

Tell us about yourself:

- I am a beginner and have never line danced
- I like to line dance but have never taken formal lessons
- I line dance regularly

This class is free of charge and instructors are volunteering their time. Instructional DVD's will be distributed to all registrants. I can donate a \$1.00 toward the cost of the instructional DVD's.

- Yes
- No

Further I authorize the Ellen Lambert Murphy Memorial Community Center, program volunteers, staff or co participants, to provide emergency treatment (including but not limited to calling 911) for any injury or illness I may experience during my participation. If qualified Medical personnel consider treatment necessary, I authorize the performance of the treatment.

I am aware that participating in line dancing can pose the same hazards as participating in any other physical activity. I assume all risks associated with participation in this program, including but not limited to falls, contact with other participants, the efforts of the weather, traffic and other reasonable conditions associated with the program. All such risks are known and appreciated by me. I understand this consent form and agree to its' conditions.

Participant Signature: _____ Date: _____

Parent's Signature for a minor child: _____ Date: _____