

HARFORD COUNTY DEPARTMENT OF PARKS AND RECREATION
Northern District

REGISTRATION FORM

Hickory-Fountain Green RECREATION COUNCIL Program **Dance**

NAME _____ Date of Registration _____

ADDRESS _____ Zip _____

Home Phone Number _____ Cell: _____

Date of Birth _____ Email: _____

Emergency Phone No. _____ Name: _____
(In case parents can't be reached)

Age at registration: _____ Grade Level: _____

Class registering for (check one or more): **(Times are tentative)**

Pre-Ballet: _____ Ballet/Pre-Tap (combo): _____ Ballet I _____
(Age 4) 6:00PM (Kind/1st) 5:45PM (Kind/1st) 6:45PM

Ballet II: _____ Hip-Hop I: _____ Hip-Hop II: _____
(2nd-5th Grade) 7:30PM (1st-5th Grade) 6:45PM (6th-10th Grade) 8:00PM

Ballet III: _____ Tap I: _____ Tap II: _____
(6th-10th Grade) 8:30PM 7:30PM 8:00PM

Jazz: _____ Pointe: _____ (Instructor Permission)
(2nd-10th Grade) 8:30PM

After October 5 (week 2) Registration Fees are not refundable!

Are there physical conditions or allergies the leader should be aware of?

I understand that I/my child will not be covered by any program insurance, and I agree that I will not hold the team, program, coach, instructor, or recreation council responsible for injuries received while participating in the above noted program. I also agree that I assume financial responsibility for the replacement of equipment damaged by my child.

Parent's Signature _____ Date _____

Parents names _____

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Did the child participate in this program last year? Yes _____ No _____

If adult volunteer assistance were needed, would parent(s) be willing to help with the program? _____

Registration Fee _____ Paid by cash _____ / check# _____ Amount _____ Balance _____