



# DancElation Participant Registration

## 1. Background Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male / Female (circle one)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade: 9 10 11 12 Parent / Guardian Name (s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Youth Cell \_\_\_\_\_ Youth Email \_\_\_\_\_

Parent Email \_\_\_\_\_ Parent Cell \_\_\_\_\_

School \_\_\_\_\_ Synagogue \_\_\_\_\_

T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

How did you hear about this event? \_\_\_\_\_

## 2. Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Other contact info (e-mail, cell phone, pager) \_\_\_\_\_ Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

## 3. Affiliation Information

I am signing up as a part of a group: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My group is \_\_\_\_\_ My group coordinator is: \_\_\_\_\_

I am not currently affiliated with a group, and will join the JFCS Teen Group

## 4. Dancing Interests

I like the following styles of dance:

- Hip hop
- Breakdance
- Salsa
- Ballroom
- Israeli folk

- Jazz
- Modern
- Ballet
- Tap
- Other: \_\_\_\_\_

I would be interested in learning the following styles of dance:

- Hip hop
- Breakdance
- Salsa
- Ballroom
- Israeli folk

- Jazz
- Modern
- Ballet
- Tap
- Other: \_\_\_\_\_

## 5. Please Read and Sign

Yes! I have included my \$10.00 registration fee with this form. Checks should be made payable to JFCS.

### Student:

I am registering to participate in **DancElation!** at Israel in the Gardens 2007. I have answered the questions above truthfully and to the best of my ability. I understand that if I give false information to the Agency, I will not be allowed to participate in this event. Further, I understand that my parent or guardian must sign this form in order for me to participate in the program. Finally, I understand that as a participant at this JFCS program, I must comply with all guidelines and rules as they are explained in the paperwork and at the event.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent / Guardian:

I, the undersigned, am a parent or the legal guardian of \_\_\_\_\_.

I am aware that my above-named child is registering to participate at DancElation at Israel in the Gardens 2007. I hereby authorize my above-named child to participate in the programs of Jewish Family and Children's Services at Israel in the Gardens.

Should the need arise for medical attention or treatment, including hospitalization and/or surgery, during my child's participation in the above-described activity, I hereby grant permission for my child to be treated by qualified medical or emergency personnel at the discretion of Jewish Family and Children's Services, with all costs paid solely by me.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent / Guardian \_\_\_\_\_

## Please send this form, along with your \$10 registration fee to:

Teen Programs at Jewish Family and Children's Services, 1710 Scott Street, San Francisco CA 94115

