

FOR THE LOVE OF HIGHLAND REGISTRATION 2005/2006

Dancer's Name: _____

Address: _____

Phone Daytime: _____ Night: _____

Date of Birth: _____

Health Card Number: _____

Mother's Name: _____

Father's Name: _____

Emergency Contact: _____

Desired Class:

pre highland

recreational

competitive

senior

I am aware that pictures are taken at all show, events and competitions as well as practices. I authorize the use of these pictures for use in any promotional items including but not limited to brochures and the website. (This is not mandatory for enrollment.)

Signature: _____

Date: _____