COPPIN STATE UNIVERSITY

2016-17 COMMUNITY DANCE PROGRAM
PROGRAM REGISTRATION FORM

ACTIVITY INFORMATION: (Please Print Legibly)
COMPLETE APPLICATION AND RELEASE FORM. **MAKE ALL CHECKS PAYABLE TO Coppin State University**

PARTICIPANT INFORMATION: Registration Date: _____ Age _____ DOB _____ Grade _____

Name: _____ _____
(Applicant's First Name) (Last Name)

Parent's Name: _____ (if under 18 years of age)

(First Name) (Last Name)

Address: _____ City:_____ Zip:_____

Home Phone: _____ Email Address: _____

Class Enrollment Information:

Class #1 _____ Day _____ Time _____ Instructor: _____
Class #2 _____ Day _____ Time _____ Instructor: _____
Class #3 _____ Day _____ Time _____ Instructor: _____
Class #4 _____ Day _____ Time _____ Instructor: _____

Emergency Contact information:

Name _____Phone # 1 _____ Phone # 2 _____

Doctor _____ Hospital _____Phone # _____

Costume Measurements: G _____ H _____ W _____ B _____ T-Shirt _____ Pant _____

FOR OFFICE USE ONLY:

Registration Fee$ _____ Monthly Payment Due $-_____ Recital Tickets Received _____

September# 1:	$ _____	Receipt # _____	Balance: $ _____	Initials: _____
October # 2:	$ _____	Receipt #: _____	Balance: $ _____	Initials: _____
November 3:	$ _____	Receipt # _____	Balance: $ _____	Initials _____
December #4:	$ _____	Receipt #: _____	Balance: $ _____	Initials: _____
January #5:	$ _____	Receipt # _____	Balance: $ _____	Initials: _____
February #6:	$ _____	Receipt #: _____	Balance: $ _____	Initials: _____
March # 7:	$ _____	Receipt # _____	Balance: $ _____	Initials: _____
April # 8:	$ _____	Receipt #: _____	Balance: $ _____	Initials: _____
Winter	$ _____	Receipt #: _____	Balance: $ _____	Initials: _____
Tickets 10:	$_____	Receipt #: _____	Balance: $ _____	Initials: _____

ASSUMPTION OF RISK AND RELEASE
TO COPPIN STATE UNIVERSITY

I, the undersigned, in consideration for being permitted to participate in the 2016-17 Community Dance Program for youth and adults ("the Program") located at Coppin State University, hereby state that I knowingly and voluntarily enter into this Assumption of Risk and Release.

I understand that participating in the Program involves certain dangers, risks and hazards. I do hereby state I am voluntarily participating in the Program and have sufficient understanding and requisite knowledge to recognize and appreciate those dangers, risks and hazards to which I may subject myself during my participation in the Program.

I further understand that the 2016-17 Community Dance Program for youth and adults which uses facilities located on the campus of Coppin State University for related activities, is not part of, administered by or controlled by Coppin State University, and I agree that neither Coppin State University, nor any of its employees, agents, faculty, officers, nor the University System of Maryland, the Board of Regents of the University System of Maryland or the State of Maryland or any of their employees, agents, or officers (collectively "Coppin State University") shall be deemed responsible in any way for the activities of the Program, including, but not limited to, the acts or actions of any Program employees, agents, students, or invitees, of any government, any third party, or the operation and management of any means of transportation, public or private, or facilities used, or the operation of any means of transportation, public or private, or facilities used.

My signature below indicates that I agree to assume all risks and responsibilities surrounding my participation in the Program including, but not limited to, any and all activities undertaken while participating in the Program, and I release Coppin State University from any such liabilities. I assume full responsibility for my behavior and conduct and I agree to obey all applicable state, county and federal laws and regulations and rules set by Coppin State University. I further acknowledge that Coppin State University, and neither it nor any employee nor any other persons, party, or organizations or agency collaborating with it is or shall be responsible for or liable for injury, loss, damage, deviation, delay or containment, or any accident however caused, or the consequences thereof, which may occur as a result of any aspect of the Program.

I further understand that I am solely responsible, or if I am under 18 years of age that I, as well as my parent or legal guardian, are solely responsible for determining whether I have any physical or mental limitations preventing me from participating in the Program's activities located at Coppin State University. By my signature below, I am representing to Coppin State University that I have no physical or mental limitations preventing me from participating in the Program activities at Coppin State University. I further agree that Coppin State University has no actual or constructive notice of any such limitation and hereby release Coppin State University from any direct or indirect liability.

IN WITNESS WHEREOF, I have caused this Release and Assumption of Risk to be executed this _____ day of _____, 2016-17 season.

_____	_____
Witness	Signature
	_____
	Printed Name

IF UNDER 18, PARENT OR GUARDIAN SIGNATURE IS ALSO NEEDED:

_____	_____
Witness	Co-signature of Parent or Guardian If Student is under 18 years of age