

REGISTRATION / CONSENT FORM

Group's name _____

Members _____

Category/Division _____

Dance Group Management: PARENTS/TEAM LEADER/ COACH

Name of Designated _____

Contact numbers Ph _____ Mob _____

Email Address _____

I case of accident or injury the dancers are responsible for their own actions.

I have read and understand the Guide lines and Rules. YES/ NO

Signature _____

Date _____