2 THE XTREME 2010, DANCE CREW REGISTRATION

Crew Name:_____ (circle)Under 9's 9 – 15yrs Open crews

Crew Members: 1._____ Age:____2._____Age:____

3._____Age:____ 4._____Age:____

Address:_____Poscode_____

Contact Phone:_____ Contact Name:_____

Emergency Contact name:_____

Emergency contact number:_____ Relationship:_____

Please Specify any medical conditions:_____

Email Address:_____

$25.00 registration fee: _____$25.00 DVD order and fee: _____

DECLARATION:

I certify that I am medically fit and able to enter any activity being conducted. I agree to indemnify and hold harmless any or all the parties involved in organising and or conduction the activities ("the parties") from all actions, claims, damages, expenses which I might otherwise have against any or all of the parties however arising out of my participation in any activity.
In the event of me sustaining injury while participating in any activity, I authorize the parties to seek whatever medical and like treatment they deem necessary and appropriate for me whereby I hereby agree to be liable for such treatment, or in the alternative reimburse the parties for the cost of same. I acknowledge by signing this entry form, or a parent or guardian doing so on my behalf, I agree to be bound by all the condition of the activity.

Applicants 18 years of age or above:

_____ _____ _____
(Print full name) **(Signature)** **(Date)**

Applicants less than 18 years (must have parental/guardian consent):

_____ _____ _____
(Print full name) **(Signature)** **(Date)**

Relationship with applicant: _____