

REGISTRATION FORM

Official use only!!

**Indiana University & Bishop Chatard H.S
Dance Marathon
Benefiting Riley Hospital for Children**

Date received: _____

\$15 registration fee paid? ____

Check _____

Cash _____

Received by: _____

Form and \$15 registration fee (checks made out to BCHS) must be returned by Wednesday, SEPTEMBER 22, 2010!!!!

(Entire form must be complete in order for student to dance!)

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Have you participated in the Dance Marathon before? _____ How many years? _____

What grade are you? (circle one): freshman sophomore junior senior YOG: _____

Homeroom class #: _____ Homeroom teacher: _____

Study Hall class #: _____ Study Hall teacher: _____

T-shirt size: (Adult size) S M L XL XXL

Have you ever been personally affected by Riley Hospital? _____

Please explain your Riley experience:

Would you be willing to share your Riley experience at the Dance Marathon? _____

In consideration for the opportunity to participate in this event sponsored by the Indiana University Dance Marathon Council and Bishop Chatard High School, I hereby release their representatives from any and all liability for injury or damages that my child may sustain as a result of his or her participation in the 2009 Indiana University & Bishop Chatard H.S. Dance Marathon. In the event of an emergency, I understand that school authorities will make every effort to contact me, but I authorize those authorities to seek emergency medical treatment in a life-threatening or serious situation.

Parent/Guardian Signature: _____ Date: _____

The following are special conditions about my son or daughter of which you should be aware: _____

In case of emergency, we will try to contact the dancer's parent. Please PRINT the parent name(s) and phone number(s): _____

If a parent cannot be reached, please contact: _____ Phone: _____