

LAMPETER-STRASBURG RECREATION COMMISSION

BATON TWIRLING

REGISTRATION DEADLINE: SEPTEMBER 21st

OFFICE USE ONLY	
NUMBER OF CLASSES:	_____ ½ HOUR CLASS
	_____ 45 MINUTE CLASS
TUITION:	_____ YEARLY
	_____ MONTHLY

PARTICIPANT NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE #: _____

DATE OF BIRTH: _____ AGE: _____

EMAIL: (MONTHLY NEWSLETTERS AND CANCELATIONS) _____

ADULT CONTACT: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE #: _____

MEDICAL OR OTHER IMPORTANT INFORMATION: _____

RESIDENCY: *(please check one)*

WEST LAMPETER TOWNSHIP: _____ STRASBURG BOROUGH: _____

STRASBURG TOWNSHIP: _____

NON RESIDENT: _____

WHAT MUNICIPALITY, TOWNSHIP, OR BOROUGH? _____

BATON TWIRLING ACADEMY 2007-2008

START DATE: WEEK OF OCTOBER 1st – MAY (TOTAL OF 26 LESSONS)

CLASSES: (PLEASE CHECK)

_____ TINY TWIRLERS (AGES 3-5)
MONDAYS, 6:15PM-6:45PM

_____ BEGINNERS (AGES 6 AND UP)
MONDAYS, 6:45PM-7:30PM LEVEL 1 AND LEVEL 2

_____ BEGINNER ADVANCED (AGES 6 AND UP) "PARTICIPANTS MUST HAVE TWIRLED 1 YEAR"
MONDAYS, 7:30PM-8:15PM LEVEL 1 AND LEVEL 2

_____ ADVANCED (AGES 6 AND UP) "PARTICIPANTS MUST HAVE EXPERIENCE TWIRLING 2 BATONS"
MONDAYS, 8:15PM-9:00PM

DOES YOUR CHILD NEED A BATON ?

_____ YES, I NEED A BATON! COST: \$20.00
IF SO, YOU MUST MEASURE FROM RIGHT ARM PIT TO FINGER TIPS!
_____ MEASUREMENT

_____ NO, I HAVE MY OWN BATON!

COST: (PLEASE CHECK)

YEARLY

____ "1/2 HOUR CLASS" (\$158.00)

____ "45 MINUTE CLASS" (\$200.00)

MONTHLY

**(MONTHLY PAYMENTS ARE DONE BY CREDIT CARD ONLY)
(PAYMENTS WILL BE WITHDRAWN ON THE FIRST OF EVERY MONTH)**

____ "1/2 HOUR CLASS" MONTHLY PAYMENT (7 PAYMENTS OF \$24.00)

____ "45 MINUTE CLASS" MONTHLY PAYMENT (7 PAYMENTS OF \$30.00)

PAYMENT METHOD: (PLEASE CHECK)

CREDIT CARD: _____

CASH: _____

CHECK: _____

TYPE OF CARD:

VISA _____ MASTERCARD _____

DISCOVER _____ AMERICAN EXPRESS _____

EXPIRATION DATE: _____

LIABILITY RELEASE:

I understand the nature and the scope of the activity listed above and that there are risks and dangers associated with the activity. I understand that it is not the function of the Lampeter-Strasburg Recreation Commission, its employees, agents, operators, instructors, or volunteers to guarantee the safety of the participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of him/herself and the other participants. I also understand that it is the responsibility of the participant to provide him/herself with accident or medical insurance. In consideration of the participant being permitted to enroll in this activity, I hereby release indemnify and hold harmless the Lampeter-Strasburg Recreation Commission, its employees, agents, operators, instructors, and volunteers from any and all claims, demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by me the participant as a result of or relating to participation in this activity. In witness whereof I have executed this Liability Release as my own free act on this date.

ADULT SIGNATURE: _____ DATE: _____

<u>OFFICE USE ONLY</u>		
CREDIT CARD:	CHECK:	CASH:
YEARLY: ____ TRANSACTION DATE	YEARLY: ____ DATE RECEIVED	YEARLY: ____ DATE RECEIVED
MONTHLY: ____ OCTOBER TRANSACTION DATE	MONTHLY: ____ OCTOBER	MONTHLY: ____ OCTOBER
____ NOVEMBER TRANSACTION DATE	____ NOVEMBER	____ NOVEMBER
____ DECEMBER TRANSACTION DATE	____ DECEMBER	____ DECEMBER
____ JANUARY TRANSACTION DATE	____ JANUARY	____ JANUARY
____ FEBRUARY TRANSACTION DATE	____ FEBRUARY	____ FEBRUARY
____ MARCH TRANSACTION DATE	____ MARCH	____ MARCH
____ APRIL TRANSACTION DATE	____ APRIL	____ APRIL