North Park in Motion

I.A.M.M. Dance Company

(Inspiring Artistic Motivation in Movement) Burlington Recreation & Parks – Mayco Bigelow Center

REGISTRATION FORM

Participant Information

Dancer's First Name:		Dancer's Last Name:	
Date of Birth:		Gender:	
Please circle the class(es) in which you	u will be participating	:	
JAZZ		MODERN	
Have you participated in IAMM	Dance before?	Y / N (Please Circle One)	
Please list any previous dance expepurposes only):	rience. (No experien	ace necessary; this is for teaching	
Parent's First Name:	Parent Information	on Parent's Last Name:	
Street Address:		Turent's East Ivame.	
City:	State:	Zip Code:	
Primary Phone Number:		Secondary Phone Number:	
E-mail Address:			
Please circle best method of contact.	Phone	Email	
Emergency Contact Name:	In Case of Emerge	псу	
Relationship to Child:			
Primary Phone Number:			
Please list any special needs you wou	ıld like for us to be a	ware of (medications, etc.):	

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I authorize North Park/I.A.M.M. Dance to use any information above for the dance program purposes. I

understand that I am responsible to notify	instructor(s) of any changes	to the given information above.
I acknowledge and understand that I am vo further agree to child harmless all program cost that may occur due to my child's parti	sponsors and the instructor	
Parent/Guardian Signature		
	Photography Waiver	
I permit the City of Burlington to use a		-
my children for purposes of promoting	recreation activities to the	e community.
Parent/Guardian Signature		 Date