

UI Swing Dance Club

Name _____ Year in School _____

E-mail Address _____

Phone# _____ Today's Date _____

Yrs of dance (if any) _____ Styles _____

Are you Interested in Performing/Competing? _____



All persons that attend Monday Night Swing must fill out this form.

This form is for use by the UI Swing Dance Club. Filling out this form does not provide membership into the Club; it gives the Club information that it may use to serve you better. To become a member you must pay a membership fee to an officer who will initial the payment information area below.

Membership lasts ONE Semester.

Payment Information

Make checks payable to:
UI Swing Dance Club

Paid Amount	Cash	Check	Officer's Initials	Date	Semester	Student Initials

DISCLAIMER:

I acknowledge that UI Swing has informed me that there are physical risks and dangers associated with dancing. I assume all such risks and agree that the UI Swing Dance Club and all organizers and associates thereof will not be held responsible in any way for any injury I may suffer as a result of participation in the dances/events/classes and/or traveling to and from UI Swing Club activities.

I have read and fully understand the above terms and conditions/waiver and agree to comply with its contents.

Please sign your full name

Date