

**HBDA** **QTR 2 QUARTER REGISTRATION**  
*Manoa American Social* *Monday* *July - August* *2010-2011*

**NAME:** \_\_\_\_\_  
*Last* *First*

**HOME CHAPTER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
*Street* *City* *Zip Code*

**PHONE #s:** \_\_\_\_\_ **NOTES:** \_\_\_\_\_  
*Phone 1* *Phone 2*

CLASS FEES:	Class Fee at \$10.00 each (2 minimum)	STATUS CODES
Class #1:	East Coast Swing	1: chapter member; 2: chapter officer; 3: instructor; 4: council/ life member; 5: non-chapter member N: new; P: president; V: vice president; T: treasurer; S: secretary; A: assistant; L: life member; O: other; S: senior- J: junior- R: rotating- instructor (C1=3) TC: ticket-chair; RP: reporter; ??: guest chapter code
Class #2:	Merengue	
Class #3:	Nite Club Two Step	

MEMBERSHIP:	(\$15 qtrs. 1,2 & 3, \$10 qtr. 4):	C1	C2	C3
	<b>TOTAL:</b>			

**Date Paid:** \_\_\_\_\_ **Check # (or "cash"):** \_\_\_\_\_

**HAWAII BALLROOM DANCE ASSOCIATION**

- City & County of Honolulu, Parks & Recreation
- County of Hawaii, Parks & Recreation
- State of Hawaii, Department of Education
- County of Maui, Parks & Recreation
- County of Kauai, Parks & Recreation
- Other -

For and in consideration of the foregoing, I hereby assume the risk for any injuries and any loss of property that I may sustain while receiving such instructions and participating in such activities and while on the premises of the indicated governmental agency while receiving such instructions and participating in such activities and do hereby remise, release, and forever discharge and promise to hold harmless the Hawaii Ballroom Dance Association, the indicated governmental agency, and their respective officers, employees, and agents, from any actions, suits, damages, claims or judgments that may result from any personal injury (physical or emotional) or loss of property that I may sustain while receiving such instructions or participating in such activities in the facilities, buildings, and rooms described above. This release is binding on me and on my heirs and personal representatives and is valid for all instructions that I receive and described activities I participate in during this fiscal year from April 1 through March 31 (FY:2010-2011).

Date: \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_