Upland High School Hip Hop Presents:

Future Scots Dance Workshop

When: Wednesday Nov 18th 3:30pm‐5:30pm
and Friday, Dec 4th, 7:00pm (Show)

Who: Anyone Grades 3-8

Cost: $25 (Includes a shirt for the Show, a light snack & a ticket to the show)

Come and learn a dance to perform at the UHS Hip Hop Show. You must attend the November 18th session to be able to participate on December 4th. Pre-sale Show tickets are $8 and $10 at the door for parents and guests.

Registration is on Wednesday, November 18th at 3pm in Room V264. For registration you will need...

- This form with the back completely filled out
- Long hair in a ponytail and tennis shoes
- Water bottle with participant’s name
- $25.00

The workshop will be held in the UHS Dance Room V264.

Any questions please email Ms. Janna@jarrell.com or Ms. Beth enragaza@gmail.com
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I ______________________, agree for my child ______________________, to participate in the District sponsored activity of Future Scots Dance Workshop.

I understand and acknowledge that this activity, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some injuries/illnesses that may result from participating in these activities include, but are not limited to, the following:

1. Sprains/strains  
2. Fractured bones  
3. Unconsciousness  
4. Head and/or back injuries  
5. Paralysis  
6. Loss of eyesight  
7. Communicable diseases  
8. Death

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in this activity I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge and agree that the District, its employees, officers, agent or volunteers shall not be liable and I hereby waive, release, and discharge from any future claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by me arising as a result of engaging or receiving instruction in said activity or any activity that is incidental thereto.

I acknowledge that I have carefully read this NON-STUDENT VOLUNTARY ACTIVITIES PARTICIPATION FORM and I understand and agree to its terms.

________________________________________  __________________________
Signature                                           Date

IN CASE OF EMERGENCY

________________________________________  __________________________
Father’s Name                                      Mother’s Name

________________________________________  __________________________  __________________________  __________________________
Signature of Parent/Guardian                      Date                          Address                          Phone#

________________________________________  __________________________
Signature of Student                                Date                          Father’s #                          Mother’s #

_____________________________  __________________________
Parents’ Health Insurance Company                  Policy Number

If Parents Can Not Be Reached, Please Provide A Name And Number Of An Emergency Contact

________________________________________  __________________________  __________________________
Name                          Relationship to Participant                          Number