



National Dance Society and the Virginia Beach City Public Schools

Present

*"Dance in Broad Perspectives"*

Old Donation School

Virginia Beach, VA

June 20-24, 2018

Professional or Student Registration

Name: \_\_\_\_\_

School/Work Affiliation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: cell: \_\_\_\_\_ Alternate: \_\_\_\_\_

Individual Registration Fees:

NDS or Partner Member	\$175	<input type="checkbox"/>
NDS or Partner Member Guest	\$25	<input type="checkbox"/>
NDS Student	\$50	<input type="checkbox"/>
Non-NDS Member	\$255	<input type="checkbox"/>
Round Table Discussion and Boxed lunch	\$12	<input type="checkbox"/>
TOTAL:	_____	_____

Will you attend Awards Reception? (Saturday Night)?

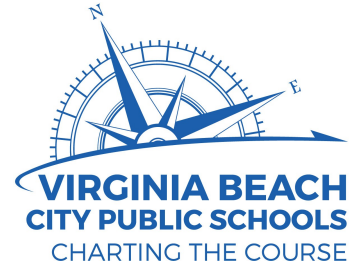
Yes  No

Make check payable to: **National Dance Society** or pay  
by **Paypal** through our website.

Mail your payment to:  
Fran Meyer, Executive Director  
National Dance Society  
852 Lincoln Drive  
Fredericksburg, VA 22407

\*NDS Partner organizations include state HPERDs in  
AZ, CT, FL, ME, MA, NE, TN, TX, VA, & the Society of  
State Leaders of HPE.

If there are problems with any payment process, please  
contact the NDS office (540-642-1041)



## Disclaimer/Waiver of Liability Form

Each participant must complete and return an individual form before participating in any conference activity.

We all know that dance is a physical and mental activity. By completing and signing this form, you are releasing the National Dance Society, the Virginia Beach City Public Schools, and its representatives from all liability and understand they are not responsible for any injuries or illnesses that may occur as a result of participation in any conference activity or performance. This represents in its entirety the mutual understanding of all parties involved. (Please Initial) \_\_\_\_\_

Participants Name: \_\_\_\_\_

School/Work Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Alternative: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Insurance Name \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Allergies? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please list \_\_\_\_\_

Is there any medical condition that we need to be aware that might impact movement activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_