



JUNIOR & YOUTH PRO-AM ENTRY FORM

REGISTRATION DEADLINE: JANUARY 22ND

Leader: M F NDCA # PRO STUDENT

Follower: M F NDCA # PRO STUDENT

Studio Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ALL EVENTS ON THIS FORM WILL BE DANCED: SATURDAY, FEBRUARY 6TH

ENTRY FEE INCLUDES ADMISSION FOR THE SESSION YOU ARE COMPETING IN

AGE DIVISIONS: J1 (12-13) J2 (14-15) Y (16-18)

LEVELS: N - Newcomer PB - Pre-Bronze CB - Closed Bronze OB - Open Bronze PS - Pre Silver
 CS - Closed Silver OS - Open Silver PG - Pre Gold CG - Closed Gold OG - Open Gold

PLEASE CIRCLE THE EVENTS YOU ARE ENTERING

SINGLE DANCES - \$20 per dance

AGE	LEVEL	BALLROOM	LATIN	SMOOTH	RHYTHM	FEE
		W T VW F Q	C S R P J	W T F VW	C R S B M	
		W T VW F Q	C S R P J	W T F VW	C R S B M	
		W T VW F Q	C S R P J	W T F VW	C R S B M	
		W T VW F Q	C S R P J	W T F VW	C R S B M	

MULTI-DANCE EVENTS

AGE	LEVEL	BALLROOM	LATIN	SMOOTH	RHYTHM	FEE
	Novice - \$40	W/T/Q	C/R/J	W/T/F	C/R/S	
	Pre-Champ - \$60	W/T/F/Q	C/S/R/J	W/T/F/VW	C/R/S/B	
	Open 5-Dance Championship - \$75	W/T/VW/F/Q	C/S/R/P/J	W/T/F/VW	C/R/S/B/M	

**ALL EVENTS WILL BE STRICTLY INVIGILATED.
ALL COMPETITORS MUST ADHERE TO THE NDCA COSTUME RULES.**

RELEASE

The undersigned, being fully cognizant of the risks inherent in ballroom dancing and exhibitions, shall hereby:

1. Assume all risks of bodily injury (including death) and property damage inherent in attending this event.
2. Release and hold harmless Maryland Dancesport, LLC; Amanda Reyzin and/or the National Dance Council of America, Inc. from all liability to me, my personal representatives, assigns, heirs, and next of kin, and against any claim or cause of action which I or anyone claiming by, through or under me, may at any time have against those hereby release, arising out of bodily injury (including death or damage), loss or theft of articles suffered by me while attending this event.
3. Consent to use and release of his/her name and likeness to be used in photographs, television filming and recording of the event used in connection with the television broadcast, exhibition, distribution or promotion of the event in any manner and by any means, now or in the future by Maryland Dancesport, LLC and/or its parent, related, affiliated or subsidiary companies: Amanda Reyzin or the National Dance Council of America, Inc.*

* If any person has an objection to being video taped or the possibility of being seen on these tapes or in any publicity trailers or other use of his or her picture, please notify the organizers of this event in writing thirty days prior to the commencement. Failure to notify will be considered as permission granted.

* All persons attending this event, whether as spectators or as competitors or as officials or guests of the organizer, shall be bound by the National Dance Council of America, Inc. rules and by participating in this event, automatically become obligated to adhere to them.

Leader: _____

Follower: _____

PAYMENT MUST ACCOMPANY ENTRY FORM

Please make check or money order payable to:

MARYLAND DANCESPORT
PO Box 765 - Irmo, SC 29063
Phone/Text: (215) 805-2213 / Fax: (803) 401-5567
Email: marylanddancesport@gmail.com