

The SAKAD Festival

South Australian Kizomba & Afro Dance

D2D MIX & MATCH DANCE CHALLENGE REGISTRATION FORM

*****Please Note that registration fees are non refundable*****

Participant Name _____

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Postcode _____

Home Phone _____ Mob Phone _____

Work Phone _____ Email Address _____

Date of Birth _____ Age _____

Circle the dance style(s) that you are registering for:

Afro Dance

Semba Dance

Kizomba Dance

Emergency Information

First Contact Name _____ Phone _____

Alternate Number _____

Second Contact Name _____ Phone _____

Alternate Number _____

Doctor's Name _____ Phone _____

Does the applicant have any special medical considerations?

I understand every effort will be made to contact me, the contact person, or the doctor. If we cannot be reached, I give my consent for the emergency room physician to treat myself, my child, or my family.

Signature _____

I, the adult applicant, or I, the parent or legal guardian of the applicant listed above, hereby give approval of the applicant's participation in any and all of The Competition programs and activities registered above. I do waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons involved in the operation of The SAKAD Festival programs for any claims arising out of injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator. I also give permission for The Festival to take photos of me to use for the website and for purposes of promoting the Festival. If any person exhibits behaviour that is dangerous to himself/herself or to other participants/students, The Festival Organisers reserve the right to remove the person from the Competition/Event.

Adult Applicant or Parent/Guardian Signature

Date
