

# LINE DANCE



- Registration: Monday, July 17, 2017 — Tuesday, August 15, 2017
- In Person: Peltier Park Recreation Bldg.  
8:00AM-Noon & 1:00PM-4:00PM
- Mail-In: Mail Registration and Check/Money Order to:  
City of Thibodaux—Rec Dept.  
P.O. Box 5418  
Thibodaux, LA 70302  
**POSTMARK NO LATER THAN Aug 11**
- Online: [www.ci.thibodaux.la.us](http://www.ci.thibodaux.la.us)  
**\*\*\*Checks Payable to: City of Thibodaux\*\*\***
- Fee: \$20.00 per person  
\$30.00 both classes
- Classes: August 15, 2017—December 19, 2017  
Tuesdays at the Harang Auditorium—Plantation Rm.  
ADVANCED CLASS: 4:00pm-5:00pm  
BEGINNERS CLASS: 5:00pm-6:00pm

**(NO CLASSES: Sept 5, Oct 31, Nov 21, Nov 28)**

For more information, please contact the Parks and Recreation Dept. at 985-446-7235



REGISTRATION FORM

# LINE DANCING

ALL REGISTRATION FEES ARE NON-REFUNDABLE, UNLESS PROGRAM IS CANCELLED.

PARTICIPANT INFORMATION:  FIRST TIME PARTICIPANT (check box if "YES".)  ADDRESS CHANGE (check box if "YES".)

|            |        |                 |
|------------|--------|-----------------|
| LAST NAME: | FIRST: | MIDDLE INITIAL: |
|------------|--------|-----------------|

|          |       |      |
|----------|-------|------|
| ADDRESS: | CITY: | ZIP: |
|----------|-------|------|

|                    |             |
|--------------------|-------------|
| DATE OF BIRTH: / / | HOME PHONE: |
|--------------------|-------------|

|                 |             |
|-----------------|-------------|
| E-MAIL ADDRESS: | CELL PHONE: |
|-----------------|-------------|

|              |
|--------------|
| OTHER PHONE: |
|--------------|

I agree to receive text messages from the City of Thibodaux.

|                                   |
|-----------------------------------|
| PLEASE LIST ANY MEDICAL CONCERNS: |
|-----------------------------------|

|  |       |  |                       |     |                       |     |       |  |                       |     |                       |     |   |         |  |        |  |
|--|-------|--|-----------------------|-----|-----------------------|-----|-------|--|-----------------------|-----|-----------------------|-----|---|---------|--|--------|--|
| <p align="center"><b>PERSONAL EMERGENCY CONTACT INFORMATION</b></p> <p align="center"><b>1ST PERSON TO NOTIFY IN CASE OF EMERGENCY</b></p> <table border="1"> <tr><td>NAME:</td><td></td></tr> <tr><td>CELL: (if applicable)</td><td>( )</td></tr> <tr><td>HOME: (if applicable)</td><td>( )</td></tr> </table> <p align="center"><b>2ND PERSON TO NOTIFY IN CASE OF EMERGENCY (if applicable)</b></p> <table border="1"> <tr><td>NAME:</td><td></td></tr> <tr><td>CELL: (if applicable)</td><td>( )</td></tr> <tr><td>HOME: (if applicable)</td><td>( )</td></tr> </table> <p>Please Check One: <input type="checkbox"/> Beginners Class [ ] <input type="checkbox"/> Both Classes [ ]<br/> <input type="checkbox"/> Advanced Class [ ]</p> | NAME: |  | CELL: (if applicable) | ( ) | HOME: (if applicable) | ( ) | NAME: |  | CELL: (if applicable) | ( ) | HOME: (if applicable) | ( ) | <p align="center"><b>DOCTOR EMERGENCY CONTACT INFORMATION</b></p> <table border="1"> <tr><td>DOCTOR:</td><td></td></tr> <tr><td>PHONE:</td><td></td></tr> </table> <p align="center">_____<br/>Signature of Participant</p> <p align="center">_____<br/>Printed Name of Participant</p> | DOCTOR: |  | PHONE: |  |
| NAME:  |       |  |                       |     |                       |     |       |  |                       |     |                       |     |   |         |  |        |  |
| CELL: (if applicable)  | ( )   |  |                       |     |                       |     |       |  |                       |     |                       |     |   |         |  |        |  |
| HOME: (if applicable)  | ( )   |  |                       |     |                       |     |       |  |                       |     |                       |     |   |         |  |        |  |
| NAME:  |       |  |                       |     |                       |     |       |  |                       |     |                       |     |   |         |  |        |  |
| CELL: (if applicable)  | ( )   |  |                       |     |                       |     |       |  |                       |     |                       |     |   |         |  |        |  |
| HOME: (if applicable)  | ( )   |  |                       |     |                       |     |       |  |                       |     |                       |     |   |         |  |        |  |
| DOCTOR:  |       |  |                       |     |                       |     |       |  |                       |     |                       |     |   |         |  |        |  |
| PHONE:   |       |  |                       |     |                       |     |       |  |                       |     |                       |     |   |         |  |        |  |

|   |  |   |                                      |                               |                                |                                      |  |           |             |  |             |  |                  |  |
|---|--|---|--------------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|-----------|-------------|--|-------------|--|------------------|--|
| <p align="center"><b>PAYMENT DETAILS:</b></p> <p><b>PLEASE MAKE CHECK PAYABLE TO:</b><br/>CITY OF THIBODAUX</p> <p><b>MAIL PAYMENT TO:</b><br/>Recreation Department<br/>P.O. Box 5418<br/>Thibodaux, Louisiana 70302</p> | <p><b>MAIL-INS MUST BE POSTMARKED<br/>NO LATER THAN:</b><br/><b>Friday<br/>August 11, 2017</b></p> | <p align="center"><b>TREC OFFICE USE ONLY: (Please do not write below this line).</b></p> <table border="1"> <tr> <td>AMOUNT PAID: \$ _____</td> <td>CASH <input type="checkbox"/></td> <td>CHECK <input type="checkbox"/></td> <td>CREDIT CARD <input type="checkbox"/></td> </tr> <tr> <td></td> <td>No. _____</td> <td>Type: _____</td> <td></td> </tr> <tr> <td>Receipt No. </td> <td></td> <td>Mail Rec'd Date: </td> <td></td> </tr> </table> | AMOUNT PAID: \$ _____                | CASH <input type="checkbox"/> | CHECK <input type="checkbox"/> | CREDIT CARD <input type="checkbox"/> |  | No. _____ | Type: _____ |  | Receipt No. |  | Mail Rec'd Date: |  |
| AMOUNT PAID: \$ _____   | CASH <input type="checkbox"/>  | CHECK <input type="checkbox"/>  | CREDIT CARD <input type="checkbox"/> |                               |                                |                                      |  |           |             |  |             |  |                  |  |
|   | No. _____  | Type: _____   |                                      |                               |                                |                                      |  |           |             |  |             |  |                  |  |
| Receipt No.   |  | Mail Rec'd Date:  |                                      |                               |                                |                                      |  |           |             |  |             |  |                  |  |

**“READ BEFORE SIGNING”**

State of Louisiana  
Parish of Lafourche

Date: \_\_\_\_\_, 2017

ACKNOWLEDGMENT

1. I, the undersigned, do hereby understand and acknowledge the following:
  - A. That participation in TREC Line Dancing Class requires a certain degree of physical exertion, exercise and endurance, which can be strenuous and tiring;
  - B. That as a result of the physical demands of the TREC Line Dancing Class, there is always the possibility of the occurrence of an accident and physical injury or the onset of injury which is gradual and which may not be immediately apparent.
2. Notwithstanding the above and in consideration of my being permitted to participate in TREC Line Dancing Class, at Warren J Harang Auditorium and Peltier Park Recreation Center I,

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

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

Telephone No.: \_\_\_\_\_

hereby agree to assume the risk of such accident and injury, regardless of fault, as a result of engaging in said TREC Line Dancing Class and to hold harmless, defend and indemnify the instructor, and/or any and all other part time or substitute instructors acting for and on behalf of the City of Thibodaux and the Thibodaux Recreation Department and their principals, agents, employees, representatives and assistants, of and from any claims that may be made or asserted by me or anyone on my behalf as a result of my engaging in TREC Line Dancing Class, held at Warren J Harang Auditorium and Peltier Park Recreation Center, through the Thibodaux Recreation Department,

whether or not such claims are made by way of indemnity, contribution, subrogation or otherwise.

3. I further declare that I know of no physical or medical condition which would prevent my participation in TREC Line Dancing Class or which would cause me to sustain injury or illness as a result of such participation.

4. My family doctor is: \_\_\_\_\_

In case of any emergency contact:

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

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

Telephone No.: \_\_\_\_\_

Read and signed this \_\_\_\_\_ day of \_\_\_\_\_, 2017, by

\_\_\_\_\_

**READ BEFORE SIGNING**