

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
(PRINT)



# Top 20 II Dance & Mentoring Program Registration Packet

## Please Read:

This registration packet contains the forms listed below and should be signed where applicable. Completed forms should be turned in to your school office and submitted to Ms. Debra Williams. Students may not participate in Top 20 without completing this registration packet.

1. Top 20 II Registration Form
2. Top 20 II Consent Release & Liability
3. Top 20 II Rules & Regulations
4. Program Participant Release Form (for Foundations of EC)

Top 20 II is sponsored by Top 20, Inc.  
A 501(c)3 non-profit tax-exempt organization

We are also generously supported in part by



# Top 20 II Dance & Mentoring Program REGISTRATION FORM

(Please print all information legibly)

## I. Student Information:

Name: \_\_\_\_\_ Phone #: Home \_\_\_\_\_  
Last First MI Cell \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_ School \_\_\_\_\_  
month / day / yea

## II. Size Chart

HEIGHT  (feet)  (inches) Shoe Size:

WEIGHT	Under 100 lbs	100-150	150-200	200+
	Small	Medium	Large	1x-2x

## III. Emergency Contacts:

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
Parent/Legal Guardian/Other (specify relationship) Parent/Legal Guardian/Other (specify relationship)

Address (1): \_\_\_\_\_ Email: \_\_\_\_\_ Phone #s: Home \_\_\_\_\_  
Parent/Legal Guardian/Other Cell \_\_\_\_\_  
Work \_\_\_\_\_

Address (2): \_\_\_\_\_ Email: \_\_\_\_\_ Phone #s: Home \_\_\_\_\_  
Parent/Legal Guardian/Other Cell \_\_\_\_\_  
Work \_\_\_\_\_

## IV. Medical:

Is student physically able to participate in the dance program?  Yes  No

Please check the appropriate space:  
 My child has medical health insurance coverage.  
 Company: \_\_\_\_\_ Member ID Number: \_\_\_\_\_  
 My child does not have medical health insurance coverage. (In case of an emergency)

**Parent or Guardian: It is strongly recommended that your child be examined by a qualified health care provider prior to participating in this program or any type of physical activities and/or contact sports. Please refer to the Consent & Release of Liability form in this packet.**

## V. Critical Thinking (to be completed by the student):

Briefly explain why you like to dance:  
 \_\_\_\_\_

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Briefly explain why this program is important to you:  
 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  Date \_\_\_\_\_





**TOP 20 II<sup>SM</sup>**

**CONSENT & RELEASE OF LIABILITY AGREEMENT**

**PARENT/GUARDIAN CONSENT, ACKNOWLEDGMENT, AND RELEASE CERTIFICATE**

- A. The Undersigned, a parent/guardian of a participant, or an emancipated student, hereby gives consent to participate in the Top 20 II Dance & Mentoring Program.
- B. The Undersigned understands that the Top 20 II Program involves considerable physical exertion and that the program managers strongly recommend that the participant be examined by a qualified health care provider prior to engaging in any type of physical activities or contact sports.
- C. The Undersigned has read, understands, and acknowledges that minor and/or serious injuries or even death is possible due to physical exertion and releases and holds harmless the Top 20, Inc. Board of Directors, its officers, members or agents, the School City of East Chicago, Indiana, its Trustees, employees or agents, any and all schools or facilities involved in or visited during the program and their Board of Directors, Trustees, members, employees or agents of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such participation and agree to take no legal action against Top 20, Inc., the School city of East Chicago, Indiana, the schools or facilities because of any accident or mishap involving my participation in this Program.
- D. The undersigned agrees to release and hold harmless the funders of Top 20, Inc., their agents, or facilities involved in or visited during the program and their Board of Directors, Trustees, members, employees or agents of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such participation, and agree to take no legal action against these entities because of any accident or mishap involving my participation in this program. (A list of our funders is available upon request.)
- E. The Undersigned consents to binding arbitration for all claims and disputes that arise out of or in connection with Top 20, Inc., its Top 20 II Program, the School City of East Chicago, Indiana and me or my child, including but not limited to any claims or disputes involving injury, eligibility or rule violations. The seat or legal place of arbitration shall be in Lake County, Indiana. A single arbitrator shall be agreed upon by the parties. Each party shall be responsible for its share of the arbitration fees in accordance with the applicable Rules of Arbitration.
- F. The Undersigned gives Top 20, Inc. and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes without pay or compensation to student, parent, or guardian.
- G. I consent to have SCEC provide school report card information.

**I HAVE CAREFULLY READ, UNDERSTAND, AND KNOW THIS AGREEMENT CONTAINS A RELEASE PROVISION.**

**(To be signed by all parents/guardian with legal custody of the participant.)**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed: \_\_\_\_\_  
Parent/Guardian/Emancipated Student

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed: \_\_\_\_\_  
Parent/Guardian/Emancipated Student



## **TOP 20 II** **RULES AND REGULATIONS**

### ***Eligibility:***

To be eligible to participate in the Top 20 II Dance & Mentoring Program, students must reside in the City of East Chicago. **Applicants may not attend field trips if their registration forms have not been signed by parents/guardians and submitted to Top 20, Inc.**

### ***Attendance:***

In order to enjoy the benefits of the program, registered participants are expected to attend all the sessions, unless there is an emergency. Prior to being absent, participants should contact the dance instructor or program coordinator by phone or email—**Ms. Debra Williams (219) 201-9784 / goldadew@aol.com**. If the participant is ill (not contagious) and/or injured, but would like to observe, the instructor or program coordinator may allow the student to attend.

### ***Dance Session Protocol:***

- Participants will be respectful towards Top 20 II program managers, dance instructors, and other students at all times and are expected to pay full attention and to exert maximum concentration and effort of both body and mind. **ALL CELL PHONES** will be placed in a safe location as they are not permitted in the dance sessions or other specified activities.
- It is expected that participants will refrain from speaking unless called upon. Those who insist on being disruptive will be asked to leave. Bad behavior will not be tolerated.

### ***Dress Code:***

Plain clothing may be worn during after school sessions. Long hair or extensions must be worn in a ponytail or bun when dancing and performing. **No cut offs, tank or halter tops, etc. will be allowed.** No shoes or socks shall be worn when rehearsing, unless the dance instructor is notified of a health issue. In addition, no jewelry (earrings, necklaces, etc.) shall be worn during dance sessions or performances.

Female participants are expected to wear leotards and tights to all Saturday dance sessions and may not wear sweatshirts, sweatpants or tee-shirts over your leotard.

The leotards and tights provided for the program are only to be worn during the dance sessions. They are not to be worn as street clothes at any time outside of the Top 20 II sessions.

### ***Participant Responsibilities:***

Participants are expected to:

- **Read the Top 20 Choices**
- work to achieve good grades in school.
- voluntarily allow program staff to review their report cards.
- arrive to class on time and be prepared for the sessions.
- exhibit good behavior inside and outside of school.
- treat fellow participants with respect during and outside of the sessions.
- participate in all activities.

### ***Consequences:***

Violation of these rules and regulations may result in the participant being unable to attend field trips and other planned activities. Participants who continue to purposely violate these rules will be asked to leave the program.

**Program Participation Release Form**

**Agency Name:** Top 20, Inc.



Our agency has agreed to permit the Foundations of East Chicago (Foundation), our funding agent for this program, to photograph or video our program with participants involved with activities. This form gives our agency and the Foundation permission to take these images and use them for publicity or fund raising purposes.

**I hereby give permission to permit the taking and/or release of any video, voice-over and/or photograph of the following program:**

Program Name: Top 20 II Dance & Mentoring Program Date: \_\_\_\_\_

Participant's Name (print): \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Parent's / Guardian's Name (print) \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_

(Where applicable the printed name and signature of the parent or guardian must be included)