

## 2021 REGISTRATION

**REGISTRATION BEGINS JULY 5.** Forms must be **postmarked by Sept 10** to avoid \$25 late fee.

**ALL** applications and fees for lodging and meals **must be received** by the registrar by **SEPT 20.**

**Cancellation fee of \$25** for cancellations after Sept 10.

**NAME 1:** \_\_\_\_\_

**NAME 2:** \_\_\_\_\_ Have more than two registrants? Please use additional forms.

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**FOOD:** \_\_\_ Omnivore \_\_\_ Vegetarian (please use medical form to indicate food allergies)

**ACCOMODATIONS:** \_\_\_ No accommodations needed (motel, local, other)

**WEATHERFORD HALL** \_\_\_ single occupancy \_\_\_ double or triple occupancy \_\_\_ request a roommate

Specify roommate(s): \_\_\_\_\_

\*Rooms will be assigned **FIRST COME/FIRST SERVED** in registration date order, so register early!

\*Rooms have private baths, with two beds per room (*small* double + single); room keys are provided to all roommates. Registrants desiring a roommate will have a same gender roommate assigned to them. Assigned roommates are double occupancy only.

## Full Time Attendees (Fri 3 pm to Sun noon)

Includes all workshops, parties and 3 full meals. (No lunch provided Sat or Sun.)

<b>Regular Camp Fee</b>	<b>\$90</b>	X_____	\$_____
Youth/Student (ages 13-22)	<b>\$50</b>	X_____	\$_____
Child (ages 2-12)	<b>\$40</b>	X_____	\$_____
<b>Late Fee: Add \$25 per registrant for forms postmarked after Sept 10</b>			\$_____
<b><u>Accommodations (cost is per room (small double + single) for two nights)</u></b>			
WEATHERFORD HALL \$170/per room (covers 2 nights)			\$_____
<b><u>Discounts (full-time only; may not be combined or applied to youth/student or child registration)</u></b>			
Non-dancer	<b>\$20</b>		\$_____
<b><u>Make a Donation!! Donations support our Youth/Student discounts (Outreach!!)</u></b>			\$_____
<b>FULL TIME TOTAL</b>			\$_____

## Part Time / Local Attendees

<b>Facility Fee</b>	\$6.00 per person	X_____	\$_____
<b><u>Meals</u></b> (enter number that apply) <b>You MUST pre-register for all meals by Sept 20!</b>			
Fri dinner (\$25) _____	Sat dinner (\$25) _____		\$_____
<b><u>Teaching Workshops</u></b> \$15 each (enter number of people that apply)			
<b>Note:</b> You may register for workshops and parties ahead of time or at camp.			
Sat morning session 1 _____	Sat morning session 2 _____		\$_____
Sat afternoon session 3 _____	Sat afternoon session 4 _____		\$_____
<b><u>Dance Parties</u></b> \$15 (per party, per person--enter number that apply)			
Fri Party _____	Sat Party _____		\$_____
<b>PART-TIME TOTAL</b>			\$_____

## **MEDICAL INFORMATION**

Please fill out the attached medical form and return it with your registration. This information is requested by the Blue Ridge Assembly. It is kept strictly confidential and is shredded after the conclusion of Playshop.

COVID 19. We respectfully request that people defer attendance if not vaccinated against COVID 19 or are experiencing respiratory symptoms. We look forward to seeing those dancers at lower risk dance venues or when are well!

## **MUSICIANS!**

Bring your instruments and Pinewoods Fakebook for spontaneous jamming with like-minded friends.

## **DANCE REQUESTS!**

Please list on the back of your registration your **favorite dances** that you would like to do at the parties and indicate if you would like to lead them.

## **WHERE TO SEND YOUR REGISTRATION**

Please send your completed registration form, medical form, and a check made out to

### **Marian Goodman**

9 Rabbit Ridge Drive, Weaverville, NC 28787

Email: [marygoodman@frontier.com](mailto:marygoodman@frontier.com)

Phone: 828-645-1543

## Informed Consent and Liability Release



YMCA Blue Ridge Assembly (Assembly) is located in a natural mountainous terrain. All guests must be aware that there are inherent risks while engaging in activities in a natural setting, both self-guided and Assembly led. The Assembly offers adventure and outdoor activities led by our staff. Stringent safety precautions and operational procedures are enforced. However, as with any adventure activity, there is potential for injury. The Assembly requires that all participants sign the informed consent and liability release below indicating that they understand potential risks. **Parents must co-sign for all participants under the age of 18.**

1. I acknowledge that my participation in recreational activities, both self-guided and staff-led, involves unknown and unanticipated risks which could result in personal injury. I understand that such risks simply cannot be eliminated due to the environment and/or nature of the adventure activities.
2. I understand that adventure activities supervised by trained Blue Ridge staff may include outdoor and indoor climbing facilities, high swing, high and low ropes courses, mountain biking, hiking, swimming and other challenging activities. Self-guided recreational activities may include hiking, sports activities and activities designated by the conference group leader.
3. I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware of and understand that all of my program activities are strictly voluntary; it is my own choice to participate in each activity to whatever degree I deem appropriate. I am willing to assume the risk of any medical or physical condition I may have.
4. I accept and assume all of the risks existing in chosen activities. These include activities led by Blue Ridge staff, activities led by the conference group and individual recreation activities. During any activity, there may be contact with plants, animals or insects that could create hazards such as stings, allergies and associated diseases. During adventure activities, risks include the potential for: slips, trips, falls and falling, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions or even more severe life-threatening hazards.
5. I certify that I have adequate insurance to cover any injury or damage I may suffer or cause while participating, and/or I agree to bear the costs of such injury or damage myself. YMCA Blue Ridge Assembly does not provide health or accident insurance for participants.
6. I willingly and knowingly assume for myself all the risk of physical injury and emotional upset that may occur during or after participating in any aspect of any program and hereby agree to hold YMCA Blue Ridge Assembly, its employees, instructors, facilitators and agents harmless for any liability arising out of my participation in the program.

### Health Care Needs:

1. **For BOLD/GOLD participants:** Are you taking medications? \_\_\_\_\_
2. Do you have allergies (food, bees, insects, medicines)? \_\_\_\_\_
3. To better serve you, do you have any physical, intellectual, or emotional condition we should be aware of?  
Please explain \_\_\_\_\_

Participant Name \_\_\_\_\_

Group Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Telephone \_\_\_\_\_

Participate Signature and Parent Signature (if under 18) \_\_\_\_\_

Date \_\_\_\_\_