



ATLANTA SWING DANCERS CLUB

MEMBERSHIP FORM

STUDENT (0-18)

Membership Fee: \$1

Date of Birth (MM/DD/YYYY): _____/_____/_____

Membership is valid until the age of 18.

Please print CLEARLY

Student Last Name (required): _____

Student First Name (required): _____

Student E-mail address (optional): _____

Student Mailing address (required): _____

City: _____ State: _____ ZIP Code: _____

Cell Phone (optional): _____

M: F:

School: _____

Grade: _____

The ASDC Waiver: In consideration of the mutual benefits from membership in the Atlanta Swing Dancers Club, Inc., the undersigned does hereby assume all risks and absolves, releases, and waives any and all liability claims or demands against the Atlanta Swing Dancers Club, Inc., its officers, directors, and each and every member thereof, and against Nemoe's Bar and Grill and/or any other premises at which the activities of the Atlanta Swing Dancers Club, Inc., occur.

Parent/Guardian (Print): _____

Parental Signature: _____ **Date:** _____

Atlanta Swing Dancers Club
P.O. Box 28058, Atlanta, GA 30358