

## 2004 DANCE MARATHON PARTICIPANT REGISTRATION

Name \_\_\_\_\_ SS# \_\_\_\_\_

Local Address \_\_\_\_\_

Name and Address of Parents \_\_\_\_\_

Local Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_

Email \_\_\_\_\_ Sponsoring Organization \_\_\_\_\_

What year is this for you as a participant? \_\_\_\_\_

If you would like to be in the same color group as a friend, please put their name below. However, for you to be placed in the same group, your friend must also put your name on their application.

Your friend's name \_\_\_\_\_

### **EMT Information:**

It is imperative that we be aware of any pertinent medical history that would be important in the event of an emergency. This will be kept strictly confidential. Please list any special conditions or important information here:

\_\_\_\_\_

Are you currently taking any medications? If so, please list them here:

\_\_\_\_\_

List a person we can contact in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Special Needs:** (Vegetarian, diabetics, etc.)

\_\_\_\_\_

### **Please read and sign:**

I have read and understand the rules and regulations regarding the 2004 Marathon. I agree to follow all the rules and regulations as written. I understand that I am responsible for raising \$175 for CMN and \$15 of this is due at the time that I return this registration form to the Marathon Office. I realize that failure to follow the Marathon guidelines may result in my dismissal from the event.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**The Marathon is February 21-22, 2004. Participant Packets are available in the Dance Marathon Office (222 Memorial Hall). It is recommended that \$80 of your money be turned in by December 3, 2003. Should you have any questions, please call 542-7962 or come by the office. [www.uga.edu/dm](http://www.uga.edu/dm)**