**D anceSport Alberta**



**Membership Application / Renewal Form 2023-2024**

The DSAB membership year runs from September 1st to August 31st

Member’s age on September 1st of the year determines the membership rate

Please select the membership you are applying for:

Pre-Champ & Championship 16 & over $70.00 Breaker/Bboy/Bgirl $35.00

Pre-Champ & Championship 15 & under $45.00 Non-Competitor $35.00

Syllabus 16 & over (Newcomer – Gold) $60.00

Syllabus 9 – 15 (Newcomer – Gold) $30.00 Note: Competitor memberships include the CDS CRAD

Syllabus 8 & under (Newcomer – Gold) $20.00 (Canadian Registry of Amateur Dancers) fee

First Name:  Surname: \_

Date of Birth (MM/DD/YYYY):  \_ Gender:  Male  Female

Address:  City:  Prov.: \_\_Postal Code:       \_

Phone:  E-mail: \_

Please select your competitive level(s):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Standard | N/A | Newcomer | Pre-Bronze | Bronze | Silver | Gold | Pre-Champ\*\* | Championship\*\* |
| Latin | N/A | Newcomer | Pre-Bronze | Bronze | Silver | Gold | Pre-Champ\*\* | Championship\*\* |

\*\* Pre- Champ and Championship only: Proof of citizenship and age must be submitted one time only. Copies of documents acceptable.

**Declarations:**

I declare that I am an amateur dancer, and as a member of DanceSport Alberta, I agree to abide by the bylaws, rules and regulations of DanceSport Alberta (DSAB)), Canada DanceSport (CDS) and the World DanceSport Federation (WDSF). I understand that DSAB reserves the right to use or publish competition photographs or videos of members for promotional purposes. I understand that my personal information is collected in compliance with section 33 of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act.

**Waiver and Liability**:

In purchasing this membership, I release and forever discharge DanceSport Alberta (DSAB), Canada DanceSport (CDS) and the World DanceSport Federation (WDSF) including their representatives, officers and directors from any liability, claims, damages, acts or omissions as a result of my participation in any competition or event organized by DSAB and agree to abide by all rules and regulations governing said competitions or events..

If applicant is under 18: The Undersigned hereby warrant and represent to DSAB that I am a legal parent or guardian of the person on whose behalf I grant this release

Signature:

(Parent or guardian, if applicant is under 18.)

Date:

Parent or Guardian Name: **­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT / CONTACT INFORMATION**

**Please e-transfer your payment to** [**membership@dancesportalberta.org**](mailto:membership@dancesportalberta.org) . For other forms of payment, contact membership coordinator at the same e-mail address.

**This form and any applicable documents, such as proof of citizenship and age, should be emailed to the above address.**