

5th Annual
HEALTHY KIDS DAY

**TALENT
SHOW**

**SATURDAY APRIL 18
4:00-7:00PM**



**ALL AGES &
TALENTS
WELCOME!**

FREE!



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Twin Lakes Family YMCA

TWIN LAKES FAMILY YMCA - HEALTHY KIDS DAY 2020 TALENT SHOW REGISTRATION FORM

Name of group: _____

Category of act (select one only): Dance Singing Acting Comedy
 Instrumental Other _____

Will you need: Mic(s) DJ/Sound Floor mats Other _____

Please select one: Solo Group (Number of participants) _____

Name of performer/ group leader: _____

if group performance, please list names _____

IMPORTANT INFORMATION

- **Sign up before April 11, 2020** (or until all spots are taken)
- Participants understand this is **not a competitive event**
- Participant understands that **NO LIP-SYNCING OR INAPPROPRIATE LYRICS/ SUGGESTIVE MATERIAL** is allowed
- Each act is limited to a **MAXIMUM** performance of 5 MINUTES, and allowed 2 minutes for set-up and break-down to total 9 minutes.
- TWIN LAKES FAMILY YMCA will provide a sound system with microphones, tables, floor mats and assistance with set-up and break-down.
- You must provide any additional instruments, props, audiovisual support, etc. that will be used during the act.
- Must submit names of songs to be used two days prior to performance for approval.
- Each individual participant will receive a participation award.
- Talent show line up will be sent out no later than April 16, 2020.

MEDICAL WAIVER: In the event that I require emergency medical treatment and my emergency contact cannot be reached. I hereby authorize the YMCA staff to make arrangements to transport me to the nearest hospital/emergency medical facility. I give my consent or any and all necessary medical treatment, if, in fact I require the attention of a physician.

WAVIER: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

PHOTO RELEASE: I give my consent for pictures taken of myself involved in YMCA programs to be used for future YMCA promotions or display.

REFUND/TRANSFER POLICY: I understand that the YMCA has NO refund policy. Details of the policy are available at the Member Service Desk.

Parents/ guardians Name: _____

Contact Information: Email: _____

Phone # _____

Emergency Contact Name and Phone #: _____

SIGNATURE

DATE

YMCA STAFF USE ONLY

STAFF NAME

DATE