



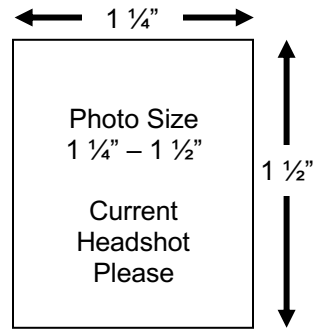
NORTHWEST DANCER REGISTRATION APPLICATION

Alaska, Idaho, Montana, Oregon, Utah, Washington, Wyoming

Effective 2019

Using check list below, ALL items must be included to avoid delay in receiving new card.

Please allow 3-week turn-around. **NO RUSH REQUESTS!**
PLEASE DO NOT STAPLE OR GLUE ANYTHING TO THIS FORM



- Self-addressed, stamped full (letter) sized envelope (SASE)
- Check or money-order payable to FUSTA (No Cash)
- Prior registration card required (if previously registered)
- Photograph required for all applications (see details in box)
- Signed S.O.B.H.D Code of Ethics Form (**NEW!**)
- Date of Birth Official Document – ex: birth certificate, passport (only for first time registrants)

Send completed form with above items to:

ScotDance USA Northwest Registrar
Kiki Bentzen
16554 SE 30th St., Bellevue, WA 98008
eMail: kikibentzen@hotmail.com phone: (425) 641-4383

- New dancer registration
- Dancer renewal
- Moving Up Category No additional fee if within same year
- Change of Address No additional fee if within same year
- Change of Teacher No additional fee if within same year

Dancer's Name _____
Last Name First Name Middle Initial

Address _____
Street Address City State Zip

Phone (____) _____ E-mail address _____

Date of Birth _____ Registration number (leave blank if unknown) _____

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.

Check here if team teaching. If team teaching, please include page 3 with all additional teacher's names, information and signatures. Registration cannot be completed without all teacher's information and original signatures.

Check Category for Annual Registration Classification			
<input type="checkbox"/> Primary (under 7 years).....	\$10		\$ _____
<input type="checkbox"/> Beginner	\$25		\$ _____
<input type="checkbox"/> Novice	\$25		\$ _____
<input type="checkbox"/> Intermediate	\$25		\$ _____
<input type="checkbox"/> Premier	\$30	If you wish to compete in a Regional Selection Competition other than the Northwest, you must contact Diane Krugh by January 31st	\$ _____
<input type="checkbox"/> late fee	\$10	<i>If registering after Feb. 15th and not a new Primary or Beginner</i>	\$ _____
<input type="checkbox"/> replacement fee.....	\$20	<i>Lost and/or damaged card - in addition to paying current registration fees above</i>	\$ _____
<input checked="" type="checkbox"/> ScotDance USA Admin. Fee	\$5	Annual fee due with registration each year, not if moving up/changing teacher mid-year	\$ 5 (required annually)
TOTAL FEES DUE			\$ _____

*****A discount of \$20 (per family) may be deducted when registering a family of 3 or more dancers at the same time*****
NO ADDITIONAL FEES IF MOVING UP DURING CALENDAR YEAR

I agree to abide by the Rules and Regulations and the current Code of Ethics of the S.O.B.H.D. It is accepted that this information be securely stored by ScotDance USA on a computer system. I understand that if I attend any class, workshop or seminar, including tuition by electronic methods e.g. Skype, that I cannot compete in front of any adjudicator, who has instructed at these said training sessions for a period of 3 months after the last class, workshop, seminar, or tuition method.

SIGNATURE OF PARENT OR GUARDIAN OF DANCER _____ DATE _____

SIGNATURE OF DANCER (18 & over) _____ DATE _____

The information solicited will be made available for routine use to FUSTA and as required to the Scottish Official Board of Highland Dance. Under no circumstances will dancer data be shared with outside organizations.

FOR OFFICE USE ONLY

Date Rec'd _____ Orig. Reg. Date _____ Reg. # _____ Date Sent _____ Amt. Rec'd. _____ Check # _____



**Heritage House
32 Grange Loan
Edinburgh
EH9 2NR
Telephone: 0131 668 3965
e-mail: admin@sobhd.net**

SCOTTISH OFFICIAL BOARD OF HIGHLAND DANCING CODE OF ETHICS

In this Code “Participant” means any organisation, body, association or individual with full or associate membership of the Board; any individual who is a member of an organisation, body, or association with full or associate membership of the Board; any individual who is registered with the Board; any person directly connected to a body or individual who is registered with the Board. This includes Judges, Teachers, Organisers, Parents, Dancers & all parties connected with dancers.

General behavior

1. Participants will display honesty, fairness and equality of opportunity in all relationships in association with Highland Dancing, this includes but is not limited to social network communication (e.g.Facebook).
2. Participants will make themselves aware of the Social Media Guidance provided by SOBHD.
3. Participants will not engage in behaviour which undermines the status and esteem of Highland Dancing.
4. Participants will recognise the authority of judges and other officials and treat them with courtesy and respect.
5. Participants will treat all other participants with courtesy and respect, whether successful in competition or not.
6. Participants will not discriminate between other participants on the grounds of sex, ethnic background, religion or ability.
7. Participants will respect the competence of teachers and judges and will not engage in public criticism; nor will participants be exposed to adverse public criticism. This includes but is not limited to verbal, textual or social networking communication.
8. Participants will not compromise the integrity of any competition result by seeking to influence any judge’s decision.
9. Participants will not actively persuade dancers to change teacher nor will participants seek to influence other participant’s choice of teacher.
10. Participants are responsible to maintain trophies and return them in the same conditions as received.
11. Participants will dress appropriately and modestly when in public at competitions.

Child protection/Well-being of Dancers

All participants will seek to ensure the health & well-being of the dancer at all times. In particular, the S.O.B.H.D. recommends that the teacher will comply with the disclosure requirements as applicable in the country/countries in which they are teaching and will provide planned programmes of preparation and competition for dancers; Organisers will have a child protection policy, adhere to national child protection policy, provide a safe environment, and suitable programming of events to ensure sufficient recovery time for the dancers.

Teachers/Judges

Teachers/judges must be suitably qualified, and will have a responsibility to maintain their qualification and expertise. Teachers/judges must behave in a professional manner at all times and will not compromise dancers by advocating an unfair advantage.

Legislation

Participants who do not adhere to the above will be subject to a penalty decided by the Board.

SIGNATURE OF PARENT OR GUARDIAN OF DANCER _____ DATE _____

SIGNATURE OF DANCER (18 & over) _____ DATE _____

SCOTDANCE USA TEAM TEACHING FORM

Effective 2019

Team of Teachers for Dancer's Name: _____
Last Name First Name Middle Initial

TEACHER 2:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.

TEACHER 3:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.

TEACHER 4:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.

TEACHER 5:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.