# WEST DANCER REGISTRATION APPLICATION

*Arizona, California, Nevada, Hawaii*

Effective 2027

ScotDance USA

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 PRINT CLEARLY**

1 ¼”

Color Photograph
1 ¼” – 1 ½”

*Headshot of dancer
*Attach here with tape
*Do **not** glue or staple
*Always include photo

1 ½”

- □ Self-addressed, stamped full (letter) sized envelope (SASE)
- □ Check or money-order payable to **FUSTA** (No Cash)
- □ Prior registration card required (if previously registered)
- □ Color photograph of dancer's face (Headshot) required for **all** applications (see details in box)
- □ Signed RSOBHD Code of Ethics and SDUSA Liability Release
- □ Official Document Showing Date of Birth – ex: birth certificate, passport (only for first time registrants)

**Send completed form with above items to**:

**ScotDance USA West Registrar**
**Betsy Huntley**
**1710 W Hillcrest Dr, #223, Newbury Park, CA 91320**
**Email: westregistrar@scotdanceusa.com Phone: 805-861-0704**

□ New Dancer Registration □ Dancer Renewal □ Moving Up Category **No add'l fee if within same year. Indicate new category below.* □ Change of Address **No additional fee* □ Change of Teacher **No additional fee*

Dancer's Name _____
Last Name First Name Middle Initial

Address _____
Street Address City State Zip

Parent email _____ Dancer email _____

Phone (_____) _____ Date of Birth _____ Registration number (if known) _____

## 2027 Registration Class & Fees

| Class/Fee | Amount | Notes | Additional Notes |
|---|---|---|---|
| □ Primary | $20 | Dancer aged 4 and under 7. **MUST** register every year | |
| □ Beginner | $35 | Beginner dancers **MUST** register every year even if they do not have 6 stamps. | |
| □ Novice | $35 | Novice dancers **MUST** register every year even if they do not have 6 stamps. | |
| □ Intermediate | $35 | Intermediate dancers **MUST** register every year even if they do not have 6 stamps. | |
| □ Premier | $45 | **Premier Only**: Please indicate the USIR regional selection competition in which you plan to compete in 2027. If you are competing outside the region of your residence, you must notify the National Registrar by 2/15/2027. | □ East □ Midwest □ SE □ Southwest □ West □ Northwest □ Not Competing at Reg. Championship |
| □ Late Fee | $25 | Include if your registration form is postmarked after 2/15/2027, unless registering for the first time. | |
| □ Replacement Fee | $25 | The National Registrar (copying the Regional Registrar) must be notified and approve issuance of any replacement card. | |
| TOTAL | $ . | Annual SDUSA Admin Fee is now included in annual Class Fee. If advancing categories **after** completing 2027 annual registration, no additional class fee is needed. Please include any Late and/or Replacement Fee in total, if required. | □ **Family Discount**: A discount of $20 per family may be deducted when registering 3 or more dancers from the same family at the same time. Check box if using discount. |

I agree to abide by all SDUSA Rules & Regulations and the current RSOBHD Code of Ethics. I accept that my information will be stored by SDUSA on a computer system and will be made available for use by SDUSA and the RSOBHD. I also understand that if I attend any class, workshop or seminar, including tuition by electronic methods e.g. Zoom, I cannot compete in front of any adjudicator who has instructed me at such a training session for a period of 3 months after the last class, workshop, seminar, or tuition.

**SIGNATURE OF PARENT OR GUARDIAN OF DANCER**_____ **DATE** _____

**SIGNATURE OF DANCER (18 and over)**_____ **DATE** _____

As the registering dancer's instructor, I have reviewed & approved the above registration, advancement and/or change(s).

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Original Teacher's Signature_____
*Must be original signature – photocopies not accepted.*

**Team Teaching: Yes □ No □** *(If team teaching, please include page 2 with all additional teacher's names, information, and signatures. Registration cannot be completed without all teacher's information and original signatures.)*

**FOR OFFICE USE ONLY**

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

# SCOTDANCE USA
# TEAM TEACHING FORM

Effective 2027

*Team Teaching is defined as multiple certified teachers working together with a dancer either virtually or face-to-face/in person. All teachers on the team must sign the dancer's card on an annual basis.*

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.*

**SCOTDANCE USA**
**ASSUMPTION OF THE RISK,**
**WAIVER AND RELEASE OF LIABILITY**

FEDERATION OF UNITED STATES TEACHERS AND ADJUDICATORS OF HIGHLAND DANCING ("FUSTA") acting under the name of SCOTDANCE USA ("SDUSA") is sanctioning, sponsoring and participating in various Scottish Highland Dancing competitions, and other events and activities ("SDUSA Events"). FUSTA/SDUSA is an affiliate of the ROYAL SCOTTISH OFFICIAL BOARD OF HIGHLAND DANCE ("RSOBHD"). FUSTA, SDUSA and RSOBHD, their respective employees, agents, representatives, members of the respective boards of directors, national or regional officers, adjudicators and/or FUSTA volunteers are sometimes collectively referred to as "Releasees".

In consideration for participating in ScotDance USA's Events, the undersigned ("I", "me", "Participant"), has elected on a voluntary basis, and, if I am under the age of 18 or under the age of majority in my State of residence or the State in which the Event takes place, my parent or legal guardian on my behalf (individually and collectively referred to herein as "Guardian") provides permission, acknowledges the terms of this Waiver and elects on my behalf, but with my consent, to participate in the Events. The undersigned hereby represents and warrants that: (i) I am aware that participation in SDUSA Events presents certain risks (including, without limitation, bodily injury or severe bodily harm, including communicable diseases such as MRSA, influenza, and COVID 19); (ii) I am aware that my risk of injury may be increased if I suffer from conditions that may be affected by physical exertion); and (iii) no representations of any kind have been made to me by the Releasee regarding my ability to participate in SDUSA Events. **THE UNDERSIGNED KNOWINGLY, FREELY AND VOLUNTARILY ASSUMES ALL RISKS, BOTH KNOWN AND UNKNOWN, ASSOCIATED WITH SDUSA'S EVENTS, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND UNEQUIVOCALLY AGREES TO INCUR AND ASSUME SUCH RISKS AS A CONDITION TO PARTICIPATION IN THE EVENT AND AGREES TO ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION.**

**AS A CONDITION TO PARTICIPATION IN SDUSA EVENTS THE UNDERSIGNED WAIVES ALL CLAIMS (PAST, PRESENT OR FUTURE), RELEASES AND DISCHARGES, COVENANTS NOT TO SUE, AND AGREES TO INDEMNIFY AND HOLD HARMLESS RELEASEES FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, COST, DAMAGES, EXPENSE, CLAIMS, DEMANDS, ACTIONS, JUDGMENTS AND EXECUTIONS (INDIVIDUALLY AND COLLECTIVELY,"CLAIMS"), WHICH THE UNDERSIGNED OR THE HEIRS, REPRESENTATIVES, ADMINISTRATORS, EXECUTORS, AND ASSIGNS OF THE UNDERSIGNED (THE "RELEASING PARTIES") EVER HAD, NOW HAS, OR MAY HAVE IN THE FUTURE, KNOWN OR UNKNOWN, FOR ANY LOSS OR INJURY, INCLUDING, WITHOUT LIMITATION, PERSONAL INJURIES, BODILY INJURY, DEATH, AND/OR INFLICTION OF EMOTIONAL DISTRESS, IN ANY WAY CAUSED BY, RELATED TO, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, TO THE RELEASING PARTIES' PARTICIPATION IN SDUSA EVENTS, INCLUDING, WITHOUT LIMITATION, CLAIMS ARISING FROM ANY DEFECT OR FAILURE IN OR OF EQUIPMENT, PLATFORM, VENUES, WARNINGS, INSTRUCTIONS, OR OTHERWISE, AND/OR ARISING FROM THE RELEASEES' OR ANY THIRD PARTIES' NEGLIGENCE OR CARELESSNESS. THE UNDERSIGNED UNDERSTANDS THE SIGNIFICANCE AND CONSEQUENCE OF THIS WAIVER AND THE RELEASE OF CLAIMS SET FORTH HEREIN, AND AGREES THAT, ALL RIGHTS AND CLAIMS ARE HEREBY EXPRESSLY VOLUNTARILY WAIVED IN FULL.**

IN CASE OF EMERGENCY, I and my Guardian authorize Releasees and the agents, employees, representatives, and contractors of Releasees to arrange for or provide such medical assistance to me as any of them deems necessary, and authorize any physician, other medical or paramedical provider, and any medical facility to provide medical or surgical care, including without limitation anesthetization and hospitalization, which any of them may determine to be necessary or advisable, pending receipt of a specific consent from me. If my condition renders me incapable (as determined by Releasees and/or medical provider) of providing a specific consent at the time that medical provider present determines any treatment to be necessary and/or advisable in such the medical provider's sole discretion, I and my Guardian authorize such provider to administer such treatment without the need for further consent. I and my Guardian acknowledge that I will be responsible for paying for any medical treatment that I may receive as a result of injuries or illness suffered during my attendance and/or participation in SDUSA Events.

**If Participant is under 18 (or under the age of majority in Participant's State of Residence or State of the Event Location**: The undersigned represents and warrants that the undersigned is the parent or legal guardian of the minor whose name is set forth below. The undersigned has read the foregoing Waiver and am satisfied that the Waiver is fair and equitable, and the undersigned hereby gives my express consent to its execution and will not revoke my consent at any time.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE RELEASED RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**FOR PARTICIPANTS OF MAJORITY AGE**
**(18 & OVER AT THE TIME OF 2027 SCOTDANCE USA REGISTRATION)**

Participant Name_____

Participant Signature:_____

DATE SIGNED:_____, 202___

**FOR PARTICIPANTS OF MINORITY AGE**
**(UNDER AGE 18 AT THE TIME OF 2027 SCOTDANCE USA REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse/domestic partner, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse/domestic partner, and child/ward do release and agree to hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Participant Name:

Parent/Guardian Name:_____

Parent/Guardian Signature_____

DATE SIGNED:_____, 202__

Emergency Phone Number: (_____) _____

ScotDance USA

ROYAL SCOTTISH OFFICIAL BOARD OF HIGHLAND DANCING

Code of Ethics

In this Code “Participant” means any organization, body, association or individual with full or associate membership of the Board; any individual who is a member of an organization, 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, Organizers, 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 Social Media guidance provided by the RSOBHD.
3. Participants will not engage in behavior which undermines the status and esteem of Highland Dancing.
4. Participants will recognize the authority of judges and other officials and will 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 results by seeking to influence any judge’s decision.
9. Participants will not actively persuade dancers to change teacher, nor will participants seek to influence another participant’s choice of teacher.
10. Participants are responsible to maintain trophies and return them in the same condition as received.
11. Participants will dress appropriately and modestly when in public at competitions.
12. Participants are reminded that when adding any photos to social media with dancers/children in them, that they have parental permission to do so.
13. Participants are reminded of the rules regarding Joint School choreographies.

## Child Protection/Well-Being of Dancers

All participants will seek to ensure the health and well-being of the dancer at all times. In particular, the RSOBHD 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 programs of preparation and competition for dancers; Organizers will have a child protection policy, adhere to national child protection policy available through the https://uscenterforsafesport.org/, 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.

By signing this Code of Ethics, I can confirm I have read and understood the Code of Ethics and the contents of the Social Media Guidance https://www.rsobhd.net/wp-content/uploads/2023/09/Social-Media-Guidance-17.09.23.pdf

_____
Signature (if Dancer is 18 & OVER)
Date:

_____
Signature of Parent/Guardian (if Dancer is Under Age of 18)
Date: