



CHICAGO Dance Marathon 2012 Registration Form

Registration Options

Team Options

Participate as an individual

Join an existing team

Become the captain of a new team

Team Name: _____

Team Name: _____

Fundraising Goal: _____ (\$500 minimum)

Team Fundraising Goal: _____ (\$2000 minimum)

Participation Type

Dancer \$35

There is a \$500 minimum fundraising commitment with this registration option, due by Friday, April 20th, 2012.

You can make an additional gift of the \$500 below or you can fundraise in conjunction with your participation.

Reach out to friends, family, co-workers and ask them to support your efforts in raising money for the hospital!

Additional Donation: _____

Discount Code: _____

Total: _____

Payment Information

Payment Method

Credit Card

Cash

Check (Payable to *Children's Memorial Foundation*)

Credit Card Type

Master Card

Visa

American Express

Discover

Credit Card Number: _____ CVV: _____

Expiration Date: _____

Name on Credit Card: _____

Signature: _____ Date: _____

Participant Information

First Name: _____ MI: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Email Address: _____

Gender: Male Female

Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)

Emergency Contact: _____ Emergency Contact Phone: _____

Additional Information

1. T-Shirt Size: Adult XS Adult S Adult M Adult L Adult XL Adult XXL
2. If you were referred by someone, please list their name: _____
3. Please describe any firsthand experience you have had at Children's Memorial Hospital:

Tribute Program

Participants may choose to fundraise in memory or honor of an individual. If your 'In memory of' contributions total \$1,000 or more, your loved one's name may be eligible to be included on the Gifts of Love plaque displayed prominently in the hospital.

Honor Type

In memory of In honor of

Honoree First Name: _____ Last Name: _____

Optional Card

Recipient First Name: _____ Last Name: _____

Recipient Street: _____

Recipient City: _____ State: _____ Zip: _____

Please note that the Gifts of Love plaque is reserved for memorial tributes, and a name may appear only once. If \$1,000 or more is raised, our next of kin contact information will be used to provide the family with more details about the plaque and date of the dedication, which historically takes place the following spring or summer.

Release and Waiver

A physical examination is not required for this event. However, all "dancers" participate at their own risk. If in doubt as to your physical condition, it is strongly recommended that you seek the advice of a competent physician. All persons under 18 years of age must have written consent of their parents or legal guardian to participate in the above-mentioned event. In consideration of my participation in CHICAGO Dance Marathon, I, for myself, for my heirs, executors, administrators, successors and assigns hereby release and discharge the owners and managers of the Sheraton Hotel, KPMG, all sponsors of this event, Children's Memorial Hospital and all their respective officers, directors, employees, volunteers, agents and servants, from any and all claims, demand and cause of action of whatever nature which I, my heirs, executors, administrators, successors and assigns ever may have against any of them for, on account of, by reason of or arising in connection with my participation in CHICAGO Dance Marathon, and hereby waive any and all such claims, demand and causes of action. I also give full permission for use of my name and photograph in connection with this event.

Signature

Date

I, the undersigned parent or guardian, hereby consent to the applicant's participation and waive and release all rights for damages as is set forth above.

Signature of Parent or Legal Guardian – For participants under 18 years of age

Date

Please return completed and signed form with payment to:

CHICAGO Dance Marathon 2012

Children's Memorial Foundation

Department 4586

Carol Stream, IL 60122-4586