

**Selkirk Zorya School of Ukrainian Dance  
Registration Form 20\_\_-20\_\_**



**Contact Information** (please print legibly)

Dancer's Name: \_\_\_\_\_

Names of Parents /Guardians: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age by Dec 31: \_\_\_\_\_

Email Address (that is checked frequently): \_\_\_\_\_  
(please print legibly and accurately)

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Contact  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (if different from above)  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Conditions**

Please list any relevant medical conditions/allergies and required medications:

\_\_\_\_\_  
\_\_\_\_\_

**For the safety of the dancer, please note that class instructors will be made aware of all medical conditions. All information will be kept confidential.**

**Previous Dance Experience (if not with Selkirk Zorya)**

School	Type of Dance	Number of Years
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_____	_____	_____
_____	_____	_____

**Volunteer Duties**

Please check areas in which you would be willing to volunteer your time during the year:

- Board member \_\_\_\_\_
- Costume committee (various duties) \_\_\_\_\_
- Costume sewing \_\_\_\_\_
- Costume workshops (e. g. making headpieces) \_\_\_\_\_
- Costume collection and inventory \_\_\_\_\_
- Costume sale \_\_\_\_\_
- Costume catalogue \_\_\_\_\_
- Canvassing dancers about performance availability \_\_\_\_\_
- Fundraising committee (various duties) \_\_\_\_\_
- Dance class representative (provides information to parents and is a board liaison) \_\_\_\_\_
- Zorya Dance Club merchandise sales (clothing, dance bags, garment bags, etc.) \_\_\_\_\_
- Picture day committee (e. g. organizing groups, checking spelling of names, selling picture packages) \_\_\_\_\_
- Teaching stage makeup application and/or braiding \_\_\_\_\_
- Annual Recital (e. g. ticket sales, promotion, DVD advance sales, various duties on the day of the concert) \_\_\_\_\_
- Recital Props (e. g. design, production, transport, storage) \_\_\_\_\_
- Registration night(s) \_\_\_\_\_

**Fees**

More than 2 children registered with Selkirk Zorya? \_\_\_\_\_ Yes

*Dancer will not be permitted to participate in classes if fees are not received in full (by cheque, cash or post- dated cheque as per By-Laws) by September 30.*

<u>Paid by:</u>	<u>Office Use Only</u>
Cash: _____	1 <sup>st</sup> child's fee: _____
Cheque(s): _____	2 <sup>nd</sup> child's fee: _____
Postdated: _____	3 <sup>rd</sup> child's fee*: _____
NSF Charge: 10.00	4 <sup>th</sup> child's fee*: _____ (*1/2 price)
<u>Grey Cup:</u>	Total: _____
-cash _____	Grey Cup: _____
-cheque _____	Ticket #s: _____

## **Selkirk Zorya Liability Waiver**

Dancer's Name:

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(please print)

In consideration of the benefits to us in the acceptance of this application, the undersigned agrees to waiver responsibility against Selkirk Zorya, its officers and their families, instructors and chaperones, for any claims for injuries sustained during dance practices, activities, competitions or transportation to/from activities.

We further agree there will be no claim for loss of property while participating in any function, or at any location pertaining to Ukrainian dancing. The undersigned agrees to abide by all the rules of the club.

## **Selkirk Zorya Privacy Act Permission Form/Photo Waiver**

Dancer's Name:

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(please print)

I, \_\_\_\_\_ grant permission  
(parent/guardian/adult dancer)

for Selkirk Zorya to take pictures of the above named dancer during Selkirk Zorya programs for use on but not exclusive to: club bulletin boards, club brochures, club website, club promotions, etc., all of which may be viewed by Selkirk Zorya members and the public at large.

Please circle: Yes No

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
(parent/guardian/adult dancer)