



REGISTRATION FOR _____ DANCE YEAR

NAME: _____ Male / Female
(last) *(first)* *(circle)*

DOB: _____ Current School Grade level: _____
Day/month/year

Class(es) requested: _____

Address: _____

Parent 1 Name: _____ Parent 2 Name: _____

Home Tel.: _____ Home Tel.: _____

Work: _____ Work: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Both parent's email addresses will be included in Veselka communication unless otherwise indicated.

NEW DANCERS:

Describe previous any dance experience:

If new to Veselka, how did you learn of the group? _____

PUBLICITY PERMISSION

I give Veselka the right to use photographs of my child involved in activities for promotional purposes which may include, but not be exclusive to website photos, brochures and newspaper articles. Their names will not accompany their image, unless permission has been granted by me to do so. These publicity photos may not be limited to the year that my child is registered with the Veselka Ukrainian Dance Association.

Signature: _____ Date: _____

IMPORTANT MEDICAL INFORMATION ON NEXT PAGE



MEDICAL INFORMATION

Dancer's Name: _____

ALTERNATIVE EMERGENCY CONTACT:

(in Victoria) (first name) (last name)

(telephone or cell phone references please)

FAMILY DOCTOR: _____

(name – if no family doctor please state so) (telephone)

MEDICAL CARE CARD NO: _____ - _____ - _____

**MEDICAL CONDITIONS/
ALLERGIES** _____

Possible type of allergic reaction? _____

Medication child takes on a regular basis? _____

Any food restrictions? If so, what foods? _____

Parental Authorization: This health history is correct, and the person herein described has permission to participate in all activities except as noted by me. In the event I or my alternate contacts cannot be reached in an emergency, I hereby give permission to the physician selected by the teacher (school) to hospitalize, secure proper treatment from, and to order injection, anesthesia or surgery for my child as named. I agree to pay for any charges not covered by my medical plan, i.e. medications, ambulance ride, etc.

Form completed by: Relationship: _____

Signature: _____ Date: _____

The information provided in this form, and all information provided to Veselka, is for the purposes of participating in Veselka activities only. We guarantee the privacy of this information. For more information on Veselka's privacy policy please visit our website at veselkadancers.com

IMPORTANT REGISTRATION INFORMATION ON NEXT PAGE:



IMPORTANT REGISTRATION POLICIES.

Policy re: non-payment of fees.

In order to enter the dance studio and participate in dance instruction, dancers' fees must be paid in full according to the payment schedule outlined below:

- **Monthly post-dated cheques for fees need to accompany Registration forms** when registering for the dance year. They will be kept on file with the office and deposited during the first week of each month.
- Any other payments owing, such as costume deposit, registration fee, paid in full by date due.

Families will be notified immediately if at any time they have not met the above criteria and their children will be withdrawn from participation until all payments are met.

Policy re: withdrawal from dance program Notice of withdrawal: Dancers may cancel their registration and withdraw from the dance program at any time before January 31st of the dance year and receive a prorated refund of Registration Fee paid. A non-refundable policy is in effect for Dancers who wish to withdraw from the dance program after January 31st. The Board of Directors will make exceptions for specific circumstances such as injury or family move to another city. Dancers who are dismissed from the program will receive a prorated refund of registration fees paid.

Parent volunteers are responsible for the administration of the Veselka Dance Association; your cooperation and support is very much appreciated.

VOLUNTEER COMMITMENT FORM VESELKA FAMILIES:

In order to keep dance fees as low as possible and to help pay for expensive costumes, it is a requirement that all families participate in committee work and assist with fundraising, (approx 4 hours per month).

I understand and agree with the policies as outlined above for the _____ dance season:

Signature: _____ Date: _____

Please print Name: _____