

Zorianka Summer Dance Camp Registration

Child

First _____ Middle _____ Last _____ Gender: Male __ Female__

Dance Schools Name _____ Grade _____ Birth date ____/____/____ Age _____

Street Address _____

Town/City _____ Province _____ Postal code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ Province ____ Postal code _____ Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ Province ____ Postal code _____ Home Phone _____ Daytime phone _____

Cell phone _____ E-mail _____

Child lives with: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Medical Release Information

Alberta Health Care _____

Primary Physician _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Zorianka will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle how you heard about Zorianka Dance camps.

After School Program Website School _____ Word of Mouth Flyer Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during Zorianka's Summer Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Zorianka Ukrainian dancers** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Zorianka is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

The following information is requested to help our Instructors get to know a little bit about your child before he/she arrives at camp. The information will be kept confidential and is only shared with the Instructors who will be working directly with your child. Please be thorough in order to help us provide your child with the best camp experience possible.

1. Does the camper go by a nickname?

2. Has the camper attended camp before? Yes No

If yes, what type of camp (day or overnight) and for how many years?

5. Are there any recent events that may impact the camper's experience away from home?

Yes No

6. Is there anything else you could tell us about the camper that would be helpful for their Instructors to know? Yes No

Camp	Dates	# of Dancers	\$ Camp price	Total
7 - 11	July 9th - July 13th		300	
7 - 11	August 20th - August 24th		300	
12+	July 16th - July 20th		300	
12+	August 13th - August 17th		300	

Cheque# _____ Cash: _____