



REGISTRATION FORM 2011 –

2012 “ADULT”

A \$20.00 non-refundable registration fee is required.

DANCER PERSONAL HISTORY

Last Name (Legal): _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Phone # (home): _____ (work) _____ (cell) _____

Alberta Health Care Number: _____ M F

Email Address _____

DANCE HISTORY

Years of Ukrainian Dance Experience: _____ Other Dance Experience: _____

DANCER MEDICAL HISTORY

1. Are you currently on any medication: Yes No If yes, please indicate: _____

Will you have it on hand: Yes No

2. Are you presently on any long-term care for any treatment of illness or injury

Yes No Specify _____

3. List any allergies: _____

4. Do you presently have asthma? Yes No Medication: _____

If yes, are asthma medications administered by self? Yes No

EMERGENCY CONTACT

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

CONSENT

Experiences have shown that in connection with activities there are times when illness or accidents may occur and immediate medical attention is necessary. This serves as permission so that the instructor(s), director or group volunteers can make arrangements for medical attention for myself in the event of an emergency without necessity of my prior approval. I understand that I will be notified as soon as possible if this authority has to be exercised.

Parent Signature: _____ Date: _____

For Office Use Only:

Registered in: Adult Exercise Adult Dance Thursday and/or Sunday

Registration Fee \$ _____ CSH CHQ # _____ Date _____ Rct# _____