



**REGISTRATION FORM 2011 - 2012**  
**A \$20.00 non-refundable registration fee is required.**

**DANCER PERSONAL HISTORY**

Last Name (Legal): \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Age as of January 1, 2012 \_\_\_\_\_

Email Address: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_  M  F

Mother's Full Name: \_\_\_\_\_ Work Ph.# \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Work Ph.# \_\_\_\_\_ Cell # \_\_\_\_\_

**DANCE HISTORY**

Years of Ukrainian Dance Experience: \_\_\_\_\_ Other Dance Experience: \_\_\_\_\_

**DANCER MEDICAL HISTORY**

Microsoft Office Publisher 2007.Ink

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: \_\_\_\_\_

**PARENTAL 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/my child 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: NOV BEG JUN PRE-INT INT JRZ ZORIA

Registration Fee \$

CSH CHQ #

Date

Rct#