

## TREMBITA ARTS SCHOOL

### STUDENT

Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Birthdate: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

AB Health Care #: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

### PARENT/GUARIAN(S)

Name (1): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Name (2): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Name of Primary Contact:** \_\_\_\_\_

#### CLASS TO BE TAKEN

Dance

Choir

Art

**Payment \$** \_\_\_\_\_

**Cheque #** \_\_\_\_\_

FROM TIME TO TIME THE DANCE SCHOOL MAY TAKE PHOTOGRAPHS OF INDIVIDUAL DANCERS AND OR GROUPS. WE MAY UTILIZE THESE PHOTO'S FOR PUBLICITY PURPOSES OR HAVE THEM ON DISPLAY FOR ORGANIZATIONAL PRESENTATIONS.

PLEASE SIGN HERE TO PERMIT US TO DO SO \_\_\_\_\_

DANCING IS AN ACTIVITY THAT COULD RESULT IN PERSONAL INJURY. WE WOULD TAKE THE UTMOST CARE IN DEALING WITH AND CONTACTING YOU THE PARENT AND FAILING THAT, THE EMERGENCY CONTACT LISTED ON THIS FORM OF THE INCIDENT. OUR PRIORITY WOULD BE TO SEEK AND RETAIN AQUALIFIED PERSON/PERSONS TO CARE FOR THE INDIVIDUAL WHO IS INJURED. PENDING SERIOUSNESS WE WOULD HAVE THE INDIVIDUAL TRANSPORTED TO THE NEAREST MEDICAL FACILITY AND IF ANY CHARGES WERE INCURRED THESE WOULD BE THE RESPONSIBILITY OF THE INJURED PERSON OR OF THE FAMILY OF THE INJURED PERSON. I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIM FOR DAMAGES ARISING OUT OF MY CHILD'S PARTICIPATION IN THE TREMBITA SCHOOL OF UKRAINIAN PERFORMING ARTS.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date