

YORKTON KALYNA DANCE REGISTRATION FOR 2021-2022

(Please fill out one form per dancer)

Group Assigned (to be completed and determined by instructor): _____

Dancer First Name: _____ **Dancer Last Name:** _____

Birthdate (mm/dd/yyyy): ____/____/____ Age as of January 1, 2022: _____ Gender: _____

Mailing Address: _____ City/Town: _____ Postal Code: _____

If you are new to Kalyna Dance School, please list previous experience (include # of years dancing plus related training): _____

Is the dancer interested in participating in solos/duets/trios during competitions? No _____

Solos _____ Duets _____ Trios _____ Other (grad dance, family dance, etc.) _____

(Kalyna reserves the right to limit the number of entries to two per dancer per competition, to a maximum of three competitions, not including group dances instructed during regular lessons.)

Dancer Sask Health # _____

Medication _____

Allergies _____

Please list any illness or limitation that the instructor should be made aware of:

Parent/Guardian Name: _____

Phone# (h): _____ (w) _____ (c) _____

Parent/Guardian Name: _____

Phone# (h): _____ (w) _____ (c) _____

E-mail Address(s) for weekly Club Communications:

1. _____

2. _____

Emergency Contacts (Name and Phone #)

1. _____

2. _____

Continued...

Dancer First Name: _____

Dancer Last Name: _____

WAIVER OF LIABILITY

I, the parent (or guardian) of the within named child who is registered to participate in Yorkton Kalyna Dance School program, hereby give approval for her/him to participate in any and all activities associated with Yorkton Kalyna Dance School. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Yorkton Kalyna Dance School, the Executive, the instructors, participants, and all persons from all risks and hazards incidental to such participation, including injury during such activities at any location.

PHOTO CONSENT

From time to time, Kalyna requires pictures of dancers for use in newspaper advertisements, brochures, slide shows, videos, internet websites and so forth. As well, the print and electronic (radio and television) media may come into our school to cover a wide range of topics on interest. Please indicate below if you consent to the dancer appearing in motion pictures or still photographs being made of their likeness, acts, appearances; and sound records made of the dancer, by photographers or other personnel employed by Kalyna. Your choice below also indicates whether you consent to the dancer being photographed and audio/video recorded and interviewed by members of the media including newspapers, television and radio.

I consent: _____

I do not consent: _____

I ACKNOWLEDGE THAT I FULLY UNDERSTAND THE WITHIN WAIVER AND I HAVE EXECUTED IT VOLUNTARILY.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____