

KOLOS – REGINA UKRAINIAN DANCE ENSEMBLE 2017-18 REGISTRATION FORM

Box 621, Regina S4P 3A3
8-2700 Montague St S4S 0J9

Family Last Name	Parent 1:	Parent 2:
Address:	Work Phone:	Work Phone:
Postal Code:	Cell Phone:	Cell Phone:
Home Phone:	Email 1:	Email 2:

Total Fees Owning (To be determined)
Make cheques payable to “Regina Ukrainian Dance Ensemble”.

Family membership fee: \$15

	Name	Birth Date	# Years Danced	Saskatchewan Hospitalization Number
Dancer 1				
Dancer 2				
Dancer 3				
Dancer 4				
Dancer 5				

- Three registered dancers in the same family will receive a 5% discount from monthly fees. Four or more registered dancers in the same family will receive a 10% discount. New dancers receive the first month of dancing free.

Payment Option 1 _____	Payment Option 2 _____	Payment Option 3 _____
I wish to pay monthly and do not wish to fundraise. I have provided 8 postdated cheques in the amount of	I wish to pay 50% of the fees on a monthly basis. I have provided 8 postdated cheques in the amount of	I wish to do 100% of the fees through fundraising.
\$ _____	\$ _____	\$ _____

Health Information:

In case of emergency if unable to reach parent/guardian contact:

Home Phone: _____ Cell Phone: _____

Is there any health issues with respect to any of the dancers listed that the instructors should be aware of such as allergies, injuries, etc? If so, please indicate the name of the dancer and the medical concern.

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Parent/Guardian Consent:

I hereby release KOLOS - Regina Ukrainian Dance Ensemble Inc (RUDE)., its Directors, Representatives or Chaperones and any other KOLOS-RUDE appointed individuals of all liability in respect to any injury, or from any other situation, that may have been sustained by my child and/or myself in any activity associated with a KOLOS-RUDE event. I declare that all of the above information is true and complete. I also agree that should my child, who is under the age of 18 years, require any attention during any KOLOS-RUDE event or activity whether in Regina, at another location, or while in transit, and I am unavailable, I give my permission to the KOLOS-RUDE representative or other KOLOS-RUDE designated adult chaperone to attend to his/her needs.

Parent/Guardian or Senior Dancer

Please Print Name

Date

Audio/Video/Photo Release

I, _____, hereby give the right to reproduce, use, exhibit, display, broadcast and create derivative works of the audio/photo/video captured of me taken at, or during any Kolos - Regina Ukrainian Dance Ensemble (RUDE) School events, fundraisers, gatherings, trips, etc.... to be used by Kolos - RUDE at the discretion of Kolos -RUDE. This may include, but is not limited to promotional materials, publications, electronic/online media, print, broadcast, videotape, cd-rom, dvd. I agree to waive any right of compensation or ownership thereto.

Parent/Guardian or Senior Dancer

Please Print Name

Date

Communication:

We will be compiling a list of dancers together with Home Addresses/Phone Numbers to assist in car-pooling, etc. Do we have your approval to publish (internal only) this information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All communication will be done via email or text (when required)	

Bingos:

Throughout the year we have many fundraisers to assist in paying fees and other school expenses. One of those fundraisers is our bingo license at Regina Bingo Palace. In order to help keep fees lower, we require families to commit to working a minimum of 2 bingos per year or paying \$70/ bingo in lieu of working to the school to help offset school expenses. Please indicate your selection below:

- I choose to work a minimum of 2 bingos per year to help offset school expenses
- I choose to not work the mandatory 2 bingos, but rather pay \$140 (\$70 for each mandatory bingo that I do not work.)
- I choose to work 1 mandatory bingo and pay \$70 for not working the second mandatory bingo
- I would be interested in working extra bingos for personal credit