



Saints Constantine & Helen Greek Dance & Choral School Registration Form 2019-2020



Instructions

- Please fill out one form per family; return to church office or dance board member.
- Pay tuition (make checks payable to: Sts. Constantine & Helen Greek Dance School).
- Sign ALL forms
- Attend Parent meeting on **September 3, 2019**.
- Registration and tuition are due by **September 1, 2019. Extended to September 17, 2019**
- For more information contact danceandchoral@stskonstantinehelen.com

Check One: New _____ Returning _____ Folk Dance Experience: _____ years

- Will dancer(s) be performing at **Annual Greek Festival**: Yes _____ No _____
- Will dancer(s) be attending **FDF 2020**: Yes _____ No _____ Maybe _____

TUITION SCHEDULE:

Full Season	Asteria-Filia-Armonia		Opalakia	Fall Quarter Only	
	By 9/17/2019 (Early Discount)	9/18/2019	Anytime	By 9/17/2019	
				Asteria-Filia-Armonia	Opalakia
Child 1	\$275	\$300	\$200	\$150	\$100
Child 2	\$250	\$275	\$200	\$125	\$100
Child 3	\$225	\$250	\$200	\$100	\$100

*Ask about Payment plan

*\$75 Late fee will be added if tuition is not paid within 10 days of due date

Dancer 1 Name: _____ DOB: _____

Medical Concerns: Y N Email (if over 16): _____ Grade in Fall: _____

Dancer 2 Name: _____ DOB: _____

Medical Concerns: Y N Email (if over 16): _____ Grade in Fall: _____

Dancer 3 Name: _____ DOB: _____

Medical Concerns: Y N Email (if over 16): _____ Grade in Fall: _____

Mother: _____ Father: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Email: _____ Father's Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ Email: _____

Is your family in good standing with Sts. C & H Greek Orthodox Church: (circle one) Yes No

I have received and read the Dance School's Rules & Requirements: (circle one) Yes No

Parent's Signature (if dancer is under 18): _____ Date: _____

Dancer's Signature: _____ Date: _____

FOR OFFICE USE ONLY

AMOUNT PAID: _____

CASH/ CHECK#: _____

DATE RECEIVED: _____

Sts. Constantine & Helen Greek Dance & Choral School

- Will dancer(s) participate in **Choral group**: Yes _____ No _____ Maybe _____
- Will dancer(s) participate in **FDG Preview Glendi**: Yes _____ No _____
- Any known absences from practices for vacations, etc.?

• State any medical issues/allergies we should be aware of: _____

For Parents:

- Would you be interested in being a parent rep: Yes _____ No _____
 - Are you interested in directing (knowledge of Greek dance required): Yes _____ No _____
 - Do you have any special talents you would like to offer the dance school? (i.e. sewing, knitting, prop making, etc.) _____
- _____

Any suggestions or comments you would like to offer: _____

Photographic Release

I permit Saints Constantine and Helen Greek Orthodox Church Greek Dance and Choral School to use and publish photographs and/or video of me and/or my children for the purpose of presenting cultural activities to the community and to promote its Greek Dance Programs. I also give permission to release such photographs and video to the news and media in support of the educational and cultural programs.

(please circle) Yes No Signature: _____

Waiver of Liability (Please read before signing)

This agreement waives and releases Sts. Constantine & Helen Greek Dance and Choral School from all liability relating to injuries that may occur during practices, performances and traveling, on and off site. By signing this agreement, I agree to hold Sts. Constantine & Helen Greek Dance and Choral School and it's affiliates entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in Greek dance. These include but are not limited to personal injury and property damage. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against Sts. Constantine & Helen Greek Dance and Choral School, it's Board, Directors and affiliates for any reason. In return, I will receive participation in all Greek Dance and Choral School activities. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

Signature: _____

Date: _____

Sts. Constantine & Helen Greek Dance & Choral School
Emergency Release Forms
2019-2020

EMERGENCY AUTHORIZATION:

I the undersigned, _____ (name of adult dancer), do hereby authorize the Sts. Constantine and Helen Greek Dance and Choral School directors, board, parent representative(s) or parents of the group acting in the capacity or activity supervisor/vehicle driver, as agents for the undersigned to consent to medical, surgical, or dental examination, treatment, etc. in case of emergency. I hereby authorize treatment and/or care at any hospital. By signing my name below, I am giving Legal Authorization for emergency care.

Signature: _____

Print Name: _____

Date: _____

AUTHORIZATION FOR CONSENT FOR MEDICAL TREATMENT FOR A MINOR:

I/We the undersigned, parents or guardians of:

_____ (Name of Dancer/s) a minor/s, do hereby authorize Sts. Constantine and Helen Greek Dance and Choral School directors, board, parent representative(s) or parents of the group acting in the capacity or activity supervisor/vehicle driver for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment under the General or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my/our aforesaid agent(s) to give specific consent to any and all diagnosis or treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Parent/Guardian Signature: _____

Print Name: _____ Relationship: _____

Date: _____

Signature of Authorized Parent/Guardian Note: No treatment will be authorized by the representative of Sts. Constantine & Helen Greek Dance & Choral School until every reasonable effort has been made to contact the parent or guardian.