



# ORPHEUS MUSIC GROUP

## REGISTRATION FORM

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

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

City/State/Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relation of Contact Person: \_\_\_\_\_

Phone Number, if different: \_\_\_\_\_

Any allergies, illnesses: \_\_\_\_\_

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I hereby waive all claims for damage or loss to my person or property which may be caused by any act or failure to act by the Orpheus Hellenic Folklore Society, its officers, agents, board members, dance troupe director and instructors arising directly or indirectly from my participation in the activities or while traveling to the activities of the Orpheus Hellenic Folklore Society, and hereby assume liability for any loss, damage, or other liability from my participation in such activities. I give my permission for medical release should I be involved in any accident or health damaging situation and should I require a form of medical treatment.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (if participant is under 18 years of age)

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### EMERGENCY TREATMENT:

A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in the case of extreme emergencies. **TO WHOM IT MAY CONCERN:** As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Registration \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_