



Orpheus Youth Dance Group

OFFICE USE ONLY

Registration Form 2009-10

Deposit _____ Date: _____

Payment (_____) _____

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Fee \$250 per child
\$150 non-refundable deposit required

Location	<input type="checkbox"/> Thursday – Northbrook <input type="checkbox"/> Saturday – Glenview		
Family (Last) Name			
Student(s) (First) Name			
Date of Birth (must be 10 as of 12/ 31/09)			
Home Address			
City, State		Zip: _____	
Home Telephone Number			
Father's Name		Cell or Work Phone	
	E-mail can not be child's e-mail		
Mother's Name		Cell or Work Phone	
	E-mail can not be child's e-mail		

Parent Marital Status:

___ Married ___ Divorced ___ Separated ___ Widowed

If Divorced or Separated, who has **Legal Custody:** ___ Mother ___ Father

Alternate contact other than parent for emergencies (*):

Name _____ Phone _____

Relation to child _____

*Contact Protocol: (1) Home phone, (2) Mother cell or work, (3) Father cell or work, (4) Alternate phone
 Note - Alternate contact is a person you authorize to pick up your child

Complete both sides of the application

Orpheus Youth Group

REGISTRATION FORM

I hereby waive all claims for damages or loss to my person or personal property which may be caused by an 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 child's 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 child's participating in such activities. I give my permission for medical release should my child be involved in any accident or health damaging situation and should my child require a form of medical treatment.

I understand and will adhere to the rules conveyed in Orpheus' Code of Conduct and will pick up my child promptly at the end of the practice session.

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.

Print Name of Parent or Guardian

Parent/Guardian's Signature

Date

Special Conditions

Please list any **allergies/medical conditions** or any **special learning/behavioral needs** of which our teaching staff should be aware. (Note: Teachers are not authorized to administer medicines or provide medical related services.)

Permission Release

I give consent to videotape or photograph my child.

Yes No

I give permission for the publication of my child(ren)'s name, address and phone number in the student directory.

Yes No

I give permission for release of my child(ren)'s first and last name to the press for their achievements.

Yes No

Parent Signature: _____ Date: _____