



# Zirka Ukrainian Dance Ensemble 2023/2024 Registration Form

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical # (6 digit): \_\_\_\_\_ Email (please only list one): \_\_\_\_\_

Emergency Contact Name and Number:  
\_\_\_\_\_

-----Please only fill out if address is different from above-----

Parent Guardian Name: \_\_\_\_\_  
(Optional)

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

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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**Dancer Name #1:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

PHIN # (9 digit): \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Dance Class:** \_\_\_\_\_

Any known allergies/medical conditions:  
\_\_\_\_\_  
\_\_\_\_\_

**Dancer Name #2:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

PHIN # (9 digit): \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Dance Class:** \_\_\_\_\_

Any known allergies/medical conditions:  
\_\_\_\_\_  
\_\_\_\_\_

Dancer Name #3: \_\_\_\_\_ Gender: \_\_\_\_\_

PHIN # (9 digit): \_\_\_\_\_ Grade: \_\_\_\_\_ Dance Class: \_\_\_\_\_

Any known allergies/medical conditions:

\_\_\_\_\_

\_\_\_\_\_

Dancer Name #4: \_\_\_\_\_ Gender: \_\_\_\_\_

PHIN # (9 digit): \_\_\_\_\_ Grade: \_\_\_\_\_ Dance Class: \_\_\_\_\_

Any known allergies/medical conditions:

\_\_\_\_\_

\_\_\_\_\_

### Registration Fees

A \$100 post-dated cheque for June 1, 2024 is due at registration for a fundraising fee. (Per family)

Class	Age	Cost	Times	Days
Mini's	Ages 3 years	\$200.00	4:15 - 4:35	Monday
Intro	Age 4 & Kindergarten	\$225.00	4:35 - 5:15	Monday
Beginner	Grades 1 & 2	\$260.00	5:15 - 6:00	Monday
Novice	Grades 3 & 4	\$265.00	6:00 - 7:00	Monday
Junior	Grades 5 & 6	\$275.00	5:00 - 6:00	Wednesday
Intermediate	Grades 7+	\$275.00	6:00 - 7:00	Wednesday
Senior	Grade 9 to Adult 2x per week	\$550.00	7:00 - 9:30	Monday/Wednesday

### Waiver Form & Photo Release

I acknowledge that by signing this waiver, I release the dance directors/instructors, Board Members and all concerned with Zirka from any and all accidents or injuries which may be incurred by my son/daughter (or self, in the case of adult dancer) while participating in all performances, practices and activities associated with Zirka Ukrainian Dance Ensemble. I authorize Zirka Ukrainian Dance Ensemble and/or anyone acting on their behalf to acquire necessary medical aid that may be required as a result of any accident or injury which may be sustained by my child.

I agree to abide to all recommendations with regard to equipment and instructions as directed by the dance directors/instructors and Zirka Ukrainian Dance Ensemble.

I hereby give Zirka Ukrainian Dance Ensemble permission to use photographs that may include my child, for promotional purposes by media and Zirka in publications, websites, and social media. I understand that my child (or self, in the case of adult dancer) will not receive compensation for the use of the photo in any form.

Dancer(s) Names: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

PLEASE FILL OUT FOR ACCOUNTING PURPOSES

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

-----Please only fill out if address is different from above-----

Parent Guardian Name: \_\_\_\_\_  
(Optional)

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

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Tax receipts made out to: \_\_\_\_\_

**OFFICE USE ONLY**

Dancer Name	Class Name	Fee
<b>Total</b>		
Fundraising Credit earned in previous year		-
Late Fee after September 15th, 2023: \$30.00		+
<b>Total Annual Registration Fee:</b>		
<b>X50% if paying in 2 Installments:</b>		
<b>Fundraising Deposit Cheque #</b>		

**PAYMENT RECORD**

Date: _____ <b>1<sup>st</sup> Installment:</b>		Date: _____ <b>2<sup>nd</sup> Installment:</b>		Date: _____ <b>Payment in Full</b>	
Cash	\$	\$	\$	\$	
Cheque	\$	\$	\$	\$	
Etransfer	\$	\$	\$	\$	
Total Paid at registration	\$	Total 2 <sup>nd</sup> Installment \$			