



- Primary Contact

Parent / Guardian 1: ☐ Mrs. ☐ Ms. ☐ Mr.

Last Name: _____ First Name: _____

Address: _____

City _____ Postal Code: _____ Email: _____

Home Phone #: _____ Cellular #: _____

- Second Contact:

Parent/Guardian 2: ☐ Mrs. ☐ Ms. ☐ Mr.

Last Name: _____ First Name: _____

Address: _____

City _____ Postal Code: _____ Email: _____

Home Phone #: _____ Cellular #: _____

Dancer's Full Name (please print)	Male or Female	Date of Birth M/D/Y	Age as of Dec 31/26	2026-27 Dance Fee	Family Discount	Fees Due
1						
2						
3					-\$25.00	
4					-\$25.00	
			TOTALS			

Total Registration Fee: _____

Electronic Fund Transfer (EFT): seloukrdancers@gmail.com or Cheques are payable to: Selo Ukrainian Dancers

Deferred Payment Information

At Reg: _____ Oct 1: _____ Nov 1: _____ Dec 1: _____ Jan 1: _____

OFFICE USE ONLY

Total Registration Fee(s): _____ Via: Cash ☐ Cheque ☐ EFT ☐ Initials _____

ACC Membership Number: _____

FOR NEW FAMILIES: How did you find out about Selo Ukrainian Dancers? (v)

☐ Saw them perform; ☐ Social media; ☐ I'm an alumnus; ☐ Other advertising; ☐ Referred by a family;

Name of family that referred you: _____

HEALTH INFORMATION

MB Health Number: _____

Dancer 1 PHIN: _____

Dancer 2 PHIN: _____

Dancer 3 PHIN: _____

Dancer 4 PHIN: _____

Does your child have any health care needs* that the Selo Ukrainian Dancers need to be aware of?

Check one (v): yes ☐ no ☐

If yes, please obtain an additional medical information form.

* Health care needs may include physical disabilities, asthma, allergies, seizures, mental/cognitive disabilities, heart conditions, bleeding disorders, etc.

MEDIA RELEASE FORM

Please initial in the box beside each disclaimer to which you agree, and sign at the bottom of the page.

____ I, the parent/guardian of the dancer(s) named below, **do hereby grant** permission to SELO UKRAINIAN DANCERS of Anola, MB to use and reproduce any photographs, audio or video footage for use on television or in promotional material such as advertisements, pamphlets, and/or publications, including publication on the SELO UKRAINIAN DANCERS website in any matter that SELO UKRAINIAN DANCERS consider suitable and conforming to established policies. No names or personal information will be attached to ANY images.

____ I, the parent/guardian of the dancer(s) named below, **do hereby grant** permission for my child to be photographed/recorded/filmed by news media as part of any SELO UKRAINIAN DANCERS event that the news media may cover.

____ I, the parent/guardian of the dancer named below, **DO NOT** grant permission to either of the above.

Full name of Dancer 1: _____ Full name of Dancer 2: _____

Full name of Dancer 3: _____ Full name of Dancer 4: _____

Name of PARENT / GUARDIAN

Signature of PARENT / GUARDIAN

Date (mm-dd-yyyy)