



*Celebrating  
40 Years*

**SELO UKRAINIAN DANCERS**

**REGISTRATION FORM 2025 - 2026**

-  
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 31/25	2025-26 Dance Fee	Family Discount	Fees Due
1						
2						
3					-\$25.00	
4					-\$25.00	
			<b>TOTALS</b>			

**Total Registration Fee:** \_\_\_\_\_

**Registration Fees for new families are due on Thursday, August 28, 2025 at the 'Meet and Greet' at Anola Community Club.**

Electronic Fund Transfer (EFT): [seloukrdancers@gmail.com](mailto: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)