

REGISTRATION FORM 2023/2024



DANCER'S FULL NAME	First name
	Last Name
DATE OF BIRTH	Day: Month: Year:
ALLERGIES	
Epi –Pen	Yes <input type="radio"/> No <input type="radio"/>
TELEPHONE NUMBER	HOME CELL
EMERGENCY CONTACT PERSON	
EMERGENCY CONTACT PHONE #	
e-mail	
Home address (Street/ city/ postal code)	

1. PRACTICE PARTICIPATION CONSENT FORM

I, _____, parent /legal guardian of _____ grant
(Parent/Legal Guardian's name) (Dancer's name)

my son/daughter permission to participate in dance practices of the Tatry Song and Dance Ensemble. It is understood, that the group will be properly supervised and that reasonable safety precautions will be taken. I acknowledge that my son/daughter is physically able to participate in such practices. I also understand and agree that the committee assumes no responsibility for any damages, losses, injury, or cost unless caused by negligence of itself and agree to identify the committee by reason of any claim made on account of injury received without such negligence.

I also agree to obey the rules and regulations of the Tatry organization and participate in ALL scheduled performances and events including out of town performances.

(date) (dancer's signature if over 18) (parent's /legal guardian's signature)

2. PHOTOGRAPHY/VIDEOTAPING CONSENT

I, _____, parent/legal guardian of _____
(Parent/Legal Guardian's name) (Dancer's name)

Hereby give permission for the videotaping and photography of my son/ daughter. I also consent to the use of these photos and videos by the Tatry Song and Dance Ensemble with regards to their website as well as other forms of publications for the purpose of advertisement for the Tatry Song and Dance Ensemble, such as tickets, posters, brochures, newspaper articles or other social media.

(date) (dancer's signature if over 18) (parent's /legal guardian's signature)