



NEOLEA
hellenic dancers
Celebrating 10 Years of Happy Dancing

Neolea Hellenic Dancers Of Chicago's South Suburbs

REGISTRATION FORM **\$200.00 one time fee**

Registration fees will cover administrative costs, mailings, new music purchases, costume deposit, jacket, T-shirt etc.

Name of Dancer _____

Address _____

City _____ State _____ Zip _____

Your E-mail address _____

Home Phone _____ Your Cell _____

Age _____ Name of School _____ Church _____

Affiliation _____ Parents' _____

Name _____ Parent _____

Cell Phone # _____

Would parent like to be included in our e-mail list? Yes No

Parent's e-mail address _____

State your dance experience _____

_ List any **medical conditions** that we should be aware of or any special medical needs, allergies.

Insurance Information:

Company Name _____

Policy Number _____

Group Number _____

I hereby waive all claims for damage or loss to my person or property which may be caused by any act or failure to act by the Neolea Hellenic Dancers, its officers, agents, board members, dance troupe director and instructors arising directly or indirectly from my participation in the activities or while traveling to the activities of the Neolea Hellenic Dancers, and hereby assume liability for any loss, damage, or other liability from my participation in such activities. I give my permission for medical release should I be involved in any accident or health damaging situation and should I require a form of medical treatment.

• **Dancer's Signature**

Print _____ Signature _____

Date _____

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.

* Parent/Guardian Signature _____ Date _____

* **NEOLEA T-SHIRTS:** Included in Registration

T-shirt Sizes: SMALL MEDIUM LARGE EXTRA-LARGE
(Adult)

* **EMBROIDERED TRACK JACKETS:** Included in Registration

Jacket Sizes: SMALL MEDIUM LARGE EXTRA-LARGE
(Unisex Adult)

Jacket Sizes: SMALL MEDIUM LARGE EXTRA-LARGE
(Women's)

* Please circle the items and sizes desired.