



Orpheus Singing Group - Adult -

OFFICE USE ONLY

Registration Form

Tuition Fee \$200

Deposit _____ Date: _____

Payment (_____) _____

Payment (_____) _____

Family (Last) Name			
Student(s) (First) Name			
Home Address			
City, State		Zip:	
Home Telephone Number			
Cell Telephone Number			
E-mail			

Alternate contact for emergencies:

Name _____ Phone _____

Relation to applicant _____

Complete both sides of the application

Orpheus Singing Group

REGISTRATION FORM

I hereby waive all claims for damages or loss to my person or personal property which may be caused by an act or failure to act by the Orpheus Hellenic Folklore Society, 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 Orpheus Hellenic Folklore Society, and hereby assume liability for any loss, damage or other liability from my child's participating 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.

I understand and will adhere to the rules conveyed in Orpheus' Code of Conduct.

EMERGENCY TREATMENT:

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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.

Print Name	Signature	Date
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Special Conditions

Please list any **allergies/medical conditions** or any **special learning/behavioral needs** of which our teaching staff should be aware. (Note: Teachers are not authorized to administer medicines or provide medical related services.)

Permission Release

I give consent to videotape or photograph. Yes No

I give permission for the publication of my name, address and phone number in the student directory. Yes No

I give permission for release of first and last name to the press for their achievements. Yes No

Signature: _____ Date: _____