



Lloydminster Ukrainian Cultural Association

Malanka Ukrainian Dancers

Registration Form

2022 – 2023



Family Contact Information

Mother/ Guardian	Full Name
	Mailing Address Include Postal Code
	Physical Address For P.O. Box Only
	Phone Contact
	Cell Phone
	Email
Father/ Guardian	Full Name
	Mailing Address Include Postal Code
	Physical Address For P.O. Box Only
	Phone Contact
	Cell Phone
	Email
Emergency Contact	Full Name
	Relationship
	Contact 1
	Contact 2

Other than those listed above, list others that have permission to pick up your child(ren) from dance:

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Dancer 1

Full Name

Dancers Phone Number

Health Number

Birthday

Gender

Family Doctor

Phone Number

How many years of dance with the Malanka Dancers

How many years of dance with another group

Medical/Behavioural: Are there any medical/behavioural concerns that the instructor should be made aware of? i.e. injury, general conditions that may impact a dancer's ability to fully participate or follow directions

Allergies: Does your child have any allergies that may affect their dance ability?

Custody: Are there any custody arrangements that the instructor should be made aware of?

Dancer 2

Full Name

Dancers Phone Number

Health Number

Birthday

Gender

Family Doctor

Phone Number

How many years of dance with the Malanka Dancers

How many years of dance with another group

Medical/Behavioural: Are there any medical/behavioural concerns that the instructor should be made aware of? i.e. injury, general conditions that may impact a dancer's ability to fully participate or follow directions

Allergies: Does your child have any allergies that may affect their dance ability?

Custody: Are there any custody arrangements that the instructor should be made aware of?

Dancer 3

Full Name

Dancers Phone Number

Health Number

Birthday

Gender

Family Doctor

Phone Number

How many years of dance with the Malanka Dancers

How many years of dance with another group

Medical/Behavioural: Are there any medical/behavioural concerns that the instructor should be made aware of? i.e. injury, general conditions that may impact a dancer's ability to fully participate or follow directions

Allergies: Does your child have any allergies that may affect their dance ability?

Custody: Are there any custody arrangements that the instructor should be made aware of?

Dancer 4

Full Name

Dancers Phone Number

Health Number

Birthday

Gender

Family Doctor

Phone Number

How many years of dance with the Malanka Dancers

How many years of dance with another group

Medical/Behavioural: Are there any medical/behavioural concerns that the instructor should be made aware of? i.e. injury, general conditions that may impact a dancer's ability to fully participate or follow directions

Allergies: Does your child have any allergies that may affect their dance ability?

Custody: Are there any custody arrangements that the instructor should be made aware of?
