

St. John the Baptist Greek Orthodox Church, Anaheim Dance Ministry Participation Form 2019-2020 Ecclesiastical Year

Dancer Name: _____

DOB: _____ Grade in Fall 2019: _____

Medical Concerns: Y N If yes, briefly explain _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Email: _____ Father's Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Parents, by signing this form, you are stating that:

1. You are a parent or legal guardian of the youth, under 18 years of age, whose information is herein provided, and that you are legally authorized to act on behalf of said youth;

2. You grant your child permission to participate in the dance program.

Parent Signature (If dancer is a Minor) or Adult Dancer Signature:

_____ Date: _____

Print Name: _____ Relationship: _____

PHOTOGRAPHIC RELEASE:

I/We permit Saint John the Baptist Greek Orthodox Church Greek Dance Ministry to use and publish photographs and/or video of me/my children for the purpose of presenting cultural activities to the community and to promote its Greek Dance Programs. I/We also give permission to release such photographs and video to the news and media in support of the educational and cultural programs.

(Please Select) Yes No

Parent Signature for Minor or Adult Dancer Signature:

_____ Date: _____

Print Name: _____ Relationship: _____

Additional Comments / Notes:

AUTHORIZATION FOR CONSENT FOR MEDICAL TREATMENT FOR A MINOR:

I/We the undersigned, parents or legal guardians of: _____(Name of Dancer) a minor, do hereby authorize St John the Baptist Greek Orthodox Church Greek Dance Board, Directors, Board, Parent Representative(s) or Parents of the group acting in the capacity or activity supervisor/vehicle driver for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment under the General or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my/our aforesaid agent(s) to give specific consent to any and all diagnosis or treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Relationship: _____

Signature of Authorized Parent/Guardian Note:

No treatment will be authorized by the representative of St. John the Baptist Greek Orthodox Church until every reasonable effort has been made to contact the parent or guardian.

EMERGENCY AUTHORIZATION – ADULT DANCER ONLY:

I the undersigned, _____(name of adult dancer), do hereby authorize the St John's Greek Dance school directors, board, parent representative(s) or parents of the group acting in the capacity or activity supervisor/vehicle driver, as agents for the undersigned to consent to medical, surgical, or dental examination, treatment, etc. in case of emergency. I hereby authorize treatment and/or care at any hospital. By signing my name below, I am giving Legal Authorization for emergency care.

Dancer Signature: _____

Print Name: _____

Date: _____

WAIVER OF LIABILITY (PLEASE READ BEFORE SIGNING):

This agreement waives and releases St. John the Baptist Greek Dance Ministry from all liability relating to injuries that may occur during practices, performances and traveling, on and off site. By signing this agreement, I/We agree to hold St. John the Baptist Greek Dance Ministry and its affiliates entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I/We hereby give consent to have my child participate in St. John Greek Dance Ministry and agree to hold harmless St. John Greek Dance, the church, employees, directors, board, and volunteers from any and all liability, claims, demands, for injury that may be sustained by me, my child, or any property belonging to my child or me. I/We also acknowledge the risks involved in Greek dance. These include but are not limited to personal injury and property damage. I/We swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I/We do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity. By signing below I/We forfeit all right to bring a suit against St. John the Baptist Greek Dance Ministry, the church, its Board, Directors and affiliates for any reason. In return, I/ We will receive participation in all Greek Dance Ministry activities. I/We will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I/We will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

Parent Signature for a Minor or Adult Dancer Signature:

Print Name: _____

Relationship: _____

Date: _____