



REGISTRATION FORM 2023 / 2024

Section A	FIRST NAME:		LAST NAME:	
	DATE OF BIRTH (Date / Month / Year):			
	MOTHER'S NAME:		FATHER'S NAME:	
	ADDRESS:			
	PHONE #		E-MAIL 1:	
	CELL PHONE #		E-MAIL 2:	
	CELL PHONE #		ALL ACADEMY INFORMATION WILL BE PROVIDED VIA EMAIL	
Section B	I, _____ fully understand and accept full responsibility for all events I take / my child takes part in at Academy of Serbian Folk Dancing Assoc.. By no means is Academy of Serbian Folk Dancing Assoc. liable for any accident that may occur. In case of known medical condition (such as allergies) it is the parent's or legal guardian ultimate responsibility to provide adequate care for the child.			
	_____ Signature of participant <small>(if participant is over 18 years of age)</small>		_____ Signature of Parent / Guardian <small>(if participant is under 18 years of age)</small>	
Section C	HEALTH CARD #			
	EMERGENCY CONTACT- NAME:		PHONE #:	
	FAMILY DOCTOR - NAME:		PHONE #:	
	CHRONIC ILLNESS:			
	ALLERGIES:			
ACADEMY USE ONLY	ANNUAL FEE : \$		FEE PAID:	
	WITH DISCOUNT of % = \$		CASH:	
			CHEQUE:	
	FIRST PAYMENT DUE UPON REGISTRATION		E-TRANSFER:	
	OUTSTANDING BALANCE DUE: JANUARY 15, 2024		OUTSTANDING BALANCE:	
REG. NO. 23/ _____ DATE: _____ ASFD Assoc. Signature _____				