

# Kashtan Registration Form 2019-2020 School Year

Last Name	First Name	Gender (M/F)	Date of Birth (mm-dd-yyyy)	Age
1.				
2.				
3.				
4.				

**Parents/Guardians**

Names	1. _____
	2. _____
Address: _____	
City: _____	
Zip Code: _____	Email: _____
Telephone: _____	Student Email: _____
Emergency Telephone: _____	Emergency Contact: _____

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (mm-dd-yyyy)

\_\_\_\_\_  
Signature of School Registrar

\_\_\_\_\_  
Date (mm-dd-yyyy)

-----ADMINISTRATIVE USE ONLY—DO NOT WRITE BELOW THIS LINE-----

- Tuesday Student  
 Wednesday Student  
 Thursday Student

<b>Payment Received:</b>	Check No.	Check Amount	Check date
Cash	1. _____	_____	_____
	2. _____	_____	_____
	Total Payment:	_____	_____



# Kashtan School of Ukrainian Dance Emergency Medical Authorization

Student Name: \_\_\_\_\_

The purpose of this form is to make it possible for parents and guardians to authorize the emergency treatment for children who become ill or injured while under school authority, whenever parents or guardians cannot be reached for the purpose of giving consent for such treatment. Such authority is necessary to overcome legal obstacles to the provision of such treatment when all reasonable attempts to reach parents or guardians have failed.

I, the undersigned, hereby give my consent, in the event of any emergency in which my son/daughter requires medical care. I authorize Kashtan and its staff to act for me, and to obtain for him/her whatever medical treatment the staff and medical professionals in their best judgment deem necessary and appropriate for the care and treatment of him/her, including, but not limited to, whatever medical, surgical, or dental examination, diagnosis and/or treatment is deemed necessary.

### Medical Emergency Contact Information:

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

In the event that the appropriate preferred practitioner is not available, please list the preferred hospital for treatment.

Hospital: \_\_\_\_\_

This authorization does not cover major surgery unless the medical opinions of two other physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. The following information is needed by any hospital or practitioner not having access to the child's medical history.

Name of Policy holder: \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Insurance Provider (BCBS, Metlife) \_\_\_\_\_ Group # \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Medications: \_\_\_\_\_

Physical Impairments (Heart, Epilepsy, etc.) \_\_\_\_\_

Any other concerns we need to know about: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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## Code of Conduct, Policies & Expectations

Kashtan School of Ukrainian Dance strives to offer the highest level of dance education in a positive, respectful, and nurturing environment. In order to develop and maintain this environment, we ask that all students and their parents review and abide by Kashtan's policies and expectations.

- Students are to be respectful to all artistic staff, guest instructors, accompanists, chaperones, costume staff, administrative and/or parent volunteers and visitors. Profane language, horseplay, or disruptive behavior will not be tolerated during class or during performances/shows and may result in removal from class or future performances.
- Students are to be respectful of all Kashtan property and performance venue property. Stealing, converting, destroying, damaging, or otherwise manipulating property belonging to Kashtan or a performance venue will not be tolerated and will result in disciplinary action.
- Attendance will be taken at every class and classes will begin promptly at scheduled times. Students are required to be dressed in proper class attire and arrive to class 10 minutes early. Girls are to wear black leotards, black wrap skirts, white tights and ballet shoes. Boys are to wear a white fitted t-shirt, black athletic pants and black ballet shoes. Students' hair must be pulled back away from the face. Jewelry is not to be worn to class or performances.
- No food, gum, soda cans or bottles are permitted in the studio. Only refillable water bottles will be permitted
- Cell phones will NOT be permitted or tolerated in the studio. Cell phones are to remain on silent and secured with students' other belongings. Texting and talking on cell phones can occur upon dismissal of class.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Social Media Policy/Contract

I, the undersigned, do hereby grant permission to The Ukrainian Cultural Arts Association and its subsidiaries, hereinafter referred to as "UCAA" to post my child's photo, video footage and/or other item, hereinafter referred to as "Materials". I submit to and for The UCAA and its subsidiaries', websites, Twitter accounts, Facebook accounts, and any other social media outlets.

I hereby release The UCAA and its subsidiaries, Board of Trustees, employees, members, officers, or clients/venues from all claims and demands arising out of or in connection with any use of said "Materials", including, but not limited to, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the "Materials" or any rights therein.

Furthermore, I understand that postings, tweets, photos, videos, and all other forms of social media, – even when intended to be viewed only by close friends or family – can easily be circulated beyond my intended audience. I understand that my posts represent me and, by association, The UCAA and its subsidiaries to the outside world. As with any of my conduct during classes, rehearsals, performances, or events, I understand that I can be held accountable for social media conduct that negatively impacts the mission of The UCAA and its subsidiaries. This may include postings that inappropriately share information related to The UCAA, Kashtan, or Zorya, or make inappropriate or unprofessional statements that could negatively impact The UCAA, its affiliates, or members of its community

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child's inclusion in the Materials will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



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## Hold Harmless Clause

I/We, on behalf of ourselves and (student name) \_\_\_\_\_ do hereby agree to hold St. Josaphat's Ukrainian Catholic Cathedral, the Ukrainian Catholic Diocese of Parma, the Bishop, and the Pastor, of said church, as well as any trustees, harmless for any responsibility or liability, and from any and all bodily injury claims, demands, damages, costs, expense actions and cause of action arising from any act or occurrence and particularly on accounts of all property damage, loss suffered, or damages sustained as a result of the participation in the Kashtan school in Parma, Ohio.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Release of Liability Clause

I/We grant permission for our child/ward, (student name) \_\_\_\_\_, to participate in classes, rehearsals, and performances (including travel to and from such) organized, sponsored, and arranged by the Ukrainian Cultural Arts Association of Greater Cleveland (UCAAGC) administrators during the 2019-2020 school year and summer session. We understand that we will assume full responsibility for the payment of all medical expenses in case our child/ward is injured while he/she is under supervision of the Kashtan School of Ukrainian Dance personnel. Furthermore, we release the UCAAGC, its personnel and the landlords of facilities in which classes and rehearsals are conducted from any and all liability resulting from injury property damage and/or property loss incurred while my child/ward is on the premises.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date