

2018-19 St. George DANCE TROUPE Registration Form

The St. George Dance Troupe is part of the parish youth ministry program. It provides opportunities to participate in religious, cultural and other programs. The youth will be able to volunteer in our church, learn about the Greek culture while enriching their faith and building friendships.

All families of youth members must be paid members of St. George. There is a fee for program expenses of is listed on the registration form. There will be additional costs for special events and out of town trips.

Many parishes feel it appropriate to have the youth take a Pledge of Allegiance as an expression of responsibility and understanding of the sacredness of being a member of the youth ministry.

I do solemnly affirm that I will uphold the teachings, traditions, worship and moral principles of the Holy Orthodox Faith, by-laws and guidelines of my Parish, Diocese and the Archdiocese of America.

I will strive to be an example and positive Christian role model to my fellow brothers and sisters and to those whom I come into contact with. I will faithfully and sincerely fulfill the duties and obligations required of this ministry. So help me God.

Youth Initials	Parent Initials	Pledge – I understand that as a youth of St. George, I will:
		Attend church services and Catechetical classes/Religious Education School.
		Obey and respect all directions of the youth advisers while attending youth events.
		Remain on the grounds at all functions and leave only with the permission of an adviser.
		Refrain from using the following abusive language, alcohol, cigarettes, drugs, and physical violence.
		I UNDERSTAND AND AGREE TO ABIDE BY THE RULES.

Youth Signature and Printed Name _____

Parent Signature and Printed Name _____

2018-19 DANCE TROUP Registration Form

Student Name #1			
<i>Child's Email & Cell</i>			
<i>Allergies/Medical Concerns</i>		<i>Grade</i>	
Student Name #2			
<i>Child's Email & Cell</i>			
<i>Allergies/Medical Concerns</i>		<i>Grade</i>	
Student Name #3			
<i>Child's Email & Cell</i>			
<i>Allergies/Medical Concerns</i>		<i>Grade</i>	
Address			
City/State/Zip			
Parents Name #1			
Email #1		Cell #1	
Parent Name #2			
Email #2		Cell #2	
Emergency Contact Name & Cell Phone			

Please check all that apply (per child). Payment accepted by check or credit card (complete attached form).

\$85.00

Please note that if you would like your child to dance at the Festival or the Hellenic Dance Festival they must be also be enrolled in the St. George Religious Education Program, with a 60% minimum class attendance rate. Attendance is recorded throughout the entire school year (September - May). Any dancers who fail to maintain at least 60% attendance throughout the spring (after the festival) will be ineligible to dance the following year.

For questions or to send in this completed form, email us at youthministry@stgeorgehollywood.org

2018 DANCE GROUP Electronic Funds Transfer (EFT) & Credit/Debit Card Authorization Form

I/we _____ authorize St. George to deduct my/our \ fee's for the amount specified on the form from the account identified below. I understand that this authorization shall continue until I/we change/cancel by providing a written notice at least 30 days in advance of the desired change/cancellation. Automatic debit shall occur as listed on the form.

CREDIT CARD

Name on card			
Card Number			
Expiration Date		CVV (last 3 digits on back of card)	
Zip Code		Signature & Date	
Phone			
Email			

EFT (Checking Account) -PLEASE ATTACH A VOIDED CHECK-

Name on Account	
Bank Name	
Routing Number	
Account Number	
Signature & Date	
Phone	
Email	

Publication/Website Photo Permission Form (For children and youth ages 17 and under)

Please complete, sign, and return youthministry@stgeorgehollywood.org. To be completed by the child's parent or legal guardian (please check one):

_____ **I DO** grant St. George Greek Orthodox Church ("Church") the perpetual, royalty-free right to use my child/children's photo(s) in any manner, including but not limited to printed material, the Church website at www.stgeorgehollywood.org, the Church Facebook page, and other social media operated by the Church. I understand my child's photo will be available to the general public and I further understand that the Church assumes no liability or responsibility whatsoever concerning any consequences of such use. I further state that I have the right to give this permission as I am the child's/children's parent or legal guardian. I understand that if I give notice to the Parish Office in writing that I object to any particular photograph utilized by the Church, the photo will be removed as soon as possible. I understand that my child's/children's names and other personal, identifying information will not be included on any material unless prior permission is obtained from the parent or legal guardian. I understand I have the right to revoke this permission at any time so that the Church will no longer have permission to use photos of my child/children in publications thereafter.

_____ **I DO NOT** grant St. George Greek Orthodox Church permission to use my child's/ children's photo(s) in any manner. I further state that I have the right to refuse this permission, as I am the child's/ children's parent or legal guardian.

Name(s) of child/children (please print):

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: ____/____/____

Parental Consent, Liability Waiver and Insurance Information

We, the parent of the child above, _____ give our consent for their participation in any and all activities of St. George Youth Ministries, including Religious Education, JOY, GOYA (and District events), Greek School and Dance Troupe, among others for the 2017-18 year, host communities, directors, coaches, advisors, and agents without regard to any negligence on their part, against any claim for damages, compensation including all losses and expenses, caused to or by your child while participating in any activity. We consent and give authority to obtain medical care and treatment for any and all injuries sustained as a result of participation in any activities.

Parent/Guardian signature: _____ Date: _____

Medical Coverage Information

Name of Insured/Subscriber: _____

Relationship to Child: _____

Insurance Company Name: _____

Policy #: _____ Group #: _____

Insurance Company Phone Number: _____