

**SERBIAN CULTURAL ASSOCIATION " OPLENAC"**

**REGISTRATION FORM / УПИСНИЦА**

ИМЕ	FIRST NAME	ПРЕЗИМЕ	LAST NAME
ДАТУМ РОЂЕЊА (DOB)			
АДРЕСА ADDRESS			
КУЋНИ ТЕЛЕФОН HOME PHONE#			
МОБИЛНИ ТЕЛЕФОН РОДИТЕЉА PARENTS' CELL PHONE#			
E-MAIL ADDRESS 1			
E-MAIL ADDRESS 2			

**Programs:**

FOLKLORE

ORCHESTRA

CHOIR-ADULTS

CHOIR-CHILDREN

DRAMA SCHOOL

SERBIAN LANGUAGE SCHOOL

RECREATIONAL FOLKLORE

PARENT'S PRESENT OCCUPATION(JOB):

Folklore I ensemble/ Representative	Среда/Wednesday 7:00-9:00 pm	and	Недеља/Sunday 6:00-8:00pm	\$490.00
Folklore II ensemble	Среда/Wednesday 7:00-9:00 pm		Недеља/ Sunday 4:00-6:00pm	\$490.00
Folklore III ensemble	Уторак/Tuesday 7:00-9:00 pm			\$490.00
Folklore youngest ensembles	Субота/Saturday 10:00-1:00 pm		Snack included	\$490.00
Drama school	Четвртак/Thursday 6:00-8:00 pm		Четвртак/Thursday 8:00-10:00 pm	\$380.00
Serbian language school	Субота/ Saturday 1:00-2:30 pm			\$240.00
Choir-children	Субота/ Saturday 1:00-2:00pm			\$200.00
Choir-adults	Среда/ Wednesday 8:00-10:00pm			\$200.00
Recreational folklore	Четвртак/Thursday 7:30-9:30 pm			\$10/visit or \$300/year

"Oplenac" reserves the right to change this schedule/price list  
 Porodicni Popust za Folklor/Family Discount for Folk Dancing: Drugo dete/Second child 10% less      Треће дете/Third child 20% less

**CONSENT FORM**

I, \_\_\_\_\_, fully understand and accept full responsibility for all events I take part in at SCA "Oplenac".

By no means is "Oplenac" Serbian Cultural Association of Metropolitan Toronto and Mississauga liable for any accident that may occur.

In case of known medical condition (such as allergies), it is the parent's or legal guardian's ultimate responsibility to provide adequate care for the child.

In case I cause any damage to the SCA Oplenac building or property, I will be responsible for the cost of replacement/repair.

**I understand that SCA Oplenac is a nonprofit organization and as parent/guardian I am expected to volunteer at least five hours per season as per communication with SCA Oplenac project representatives.**

Signed in \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_ 2017  
 (city) (day) (month)

\_\_\_\_\_  
 Signature of participant  
 (If participant is over 18 years of age)

\_\_\_\_\_  
 Signature of parent/guardian  
 (If participant is under 18 years of age)

**HEALTH / EMERGENCY INFO**

Name of participant: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Health Conditions: \_\_\_\_\_

**SCA Oplenac Use Only**

Receipt #	Fee paid: _____ Amount: _____	Received By: _____	Date: _____
Cheque _____ or Cash _____			