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
- ☐ MUSIC SCHOOL
- ☐ MUSIC SCHOOL TAMBURA
- ☐ SERBIAN LANGUAGE SCHOOL
- ☐ RECREATIONAL FOLKLORE

PARENT'S PRESENT OCCUPATION(JOB):

Program	Day/Time		Day/Time	Price
Folklore I ensemble/ Representative	СредаWednesday 8:00 pm- 10:00 pm	and	Недеља/Sunday 6:00-8:00pm	$650.00
Folklore II ensemble	Среда/Wednesday 7:00 pm-9:00 pm	and	Недеља/ Sunday 4:00-6:00pm	$650.00
Folklore III ensemble	Уторак/Tuesday 7:00-9:30 pm			$650.00
Folklore youngest ensembles	Субота/Saturday 10:00am-1:00pm		Snack included	$650.00
Music school children tambura	Недеља/Sunday 1:30 pm-3:00 pm			$650:00
Serbian languge school	Субота/ Saturday 1:30 pm- 3:00 pm			$350.00
Music school children	Субота/ Saturday 10 am-12 pm adv.		Субота/ Saturday begin. 1:30-3:00 pm	$650:00
Choir-adults	Пон./Monday 8:00 pm-10:00pm			$300.00
Recreational folklore	Четвртак/Thursday 8:00pm-10:00pm			$15/visit

"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
Четврто и пето дете бесплатно/ Forth and fifth child free

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 _____   2023
         (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: _____

Parent's Cell number: _____

Emergency Contact: _____   Relationship: _____

Emergency Telephone: _____

Allergies: _____

Other Health Conditions: _____