

The North Dakota Ukrainian Dance Association Ukrainian Summer Camp & Dance Workshop Enrollment Package

For 5-17 Years

The Enrollment Package and Payment MUST be received completed & signed by the first day of the NDUDA Ukrainian Summer Camp & Dance Workshop in order to participate.

Please completely fill out all required information.

IMPORTANT: Some versions of this Enrollment Package may be a fillable PDF and/or have digital signature capability requiring Adobe Acrobat Reader 6 or newer. This version is print ready if fill-by-hand is preferred or needed. Any or all versions of the Enrollment Package may not be compatible with mobile devices.

*Parent / Guardian Name(s) _____

Payment Information Form

Sessions(s)	Ages	Time(s)	Cost	# Of Children Enrolling	Subtotal
Day Camp	5 to 13 Years <i>must be at least 5 years old as of July 1</i>	3:30PM - 6:00PM (M-F)	\$100 X	=	
(!) Day & Evening (!) Camp & Workshop <i>Only for those participating in a Wreathing or Sashing Ceremony.</i>	*13 Years Old Only <u>Contact NDUDA if you have a child in this category.</u>	3:30PM - 6:00PM (M-F) 6:00PM-9:45PM (M-F) <i>Other Rehearsals TBD</i> <i>"Double Duty" is not required. Student may choose Day Camp, Evening Workshop or both.</i>	\$100 X	=	
Evening Dance Workshop	14+ Years	6:00PM-9:45PM (M-F) Other Evening Rehearsals TBD	\$100 X	=	
Enrollment & Cost Totals					

Enrollment Forms: Send via email or mail.

Payment Options: Send check via mail or pay online.

Scholarships are available to cover up to 75% of enrollment fees for those with financial need. Contact the NDUDA for more information.

Have you filled out and included the...

- Payment Information Form?
- Family Information & Emergency Contact Form?
- Child Enrollment Form?
- Waivers, Liability & Media Form?

NDUDA Mailing Address

NDUDA
c/o Ukrainian Summer Camp
PO Box 25
Dickinson, ND 58602

NDUDA Email

ndudaworkshop@gmail.com

Online Payment Option

www.nduda.org/shop

Family Information / Emergency Contact Form (*denotes required information)

Family Contact Information

*Parent / Guardian Name(s) _____
*Address 1 _____
*Address 2 _____
*City, *State, *Zip _____
*Email Address _____
*Cell Phone _____

Please list the names of the children you are enrolling below.

Please fill out one Child Enrollment Form for each child listed.	Child 1	_____
	Child 2	_____
	Child 3	_____
	Child 4	_____
	Child 5	_____

Emergency Contact Information

Emergency Contact 1

*Contact Name _____
*Relationship To Child / Family _____
*Cell Phone / Phone _____
Address 1 _____
Address 2 _____
City, State, Zip _____

Other Contact or Additional Information

Please specify below.

Waivers, Liability And Media Form

This form must be agreed to & signed in order to enroll in the NDUDA Summer Camp & Dance Workshop.

WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

The North Dakota Ukrainian Dance Association (NDUDA) and associated events.

Acknowledgment and Assumption of Risk: I am aware of the dangers and the risks to my person, the minor children I enroll, and my property involved in participating in the Ukrainian Summer Camp & Dance Workshop, Badlands Ukrainian Days, and associated events for physical injury. I also understand that there are potential risks of which I may not presently be aware. Because of the inherent dangers of participating in this activity, I recognize the importance and agree to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity.

I understand that the NDUDA do not insure participants in the above-described activity, that any coverage would be through personal insurance, and the NDUDA have no responsibility or liability for any injury resulting from this activity. I (and the minor child or children I enroll) elect to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.

Waiver of Liability and Indemnification: In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the minor child or children I enroll, my personal representatives, heirs, next of kin, successors and assigns, I forever:

a. waive, release, and discharge the NDUDA and its agencies, officers, volunteers, and employees from any and all negligence and liability for death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, my minor child or children, and any estate as a direct or indirect result of participation in the above referenced activity or event; and

b. defend, indemnify, and hold harmless the NDUDA, its agencies, officers, volunteers, and employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

I hereby consent, on behalf of myself and my minor child or children, to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

NOTICE OF PHOTOGRAPHIC & MEDIA RECORDING, MEDIA WAIVER

When you attend, enroll, and/or participate in the Ukrainian Summer Camp & Dance Workshop and/or Badlands Ukrainian Days events, you enter an area where photography, audio recording, video recording, and written accounts of the event(s) may occur. By entering these premises or others sponsored, operated, organized, or otherwise affiliated with the North Dakota Ukrainian Dance Association (NDUDA), you consent to such recording media and its release publication, exhibition, or reproduction to be used for but not limited to news, web casts, promotional purposes, telecasts, advertising, and inclusion on websites. You further waive all rights you may have to any claims in connection with any exhibition, streaming, web casting, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, web casting or other publication.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement on behalf of myself and the minor children I have enrolled.

I have read this form completely and fully understand that by signing below, I am giving up legal rights and / or remedies which may otherwise be available to me regarding any losses I or the minor child or children I enroll may sustain as a result of participation. I agree that if any portion of this waiver is held invalid, the remainder will continue in full legal force and effect.

READ BEFORE SIGNING

Date

Parent / Guardian Name(s) Print

Parent / Guardian Signature 1

Parent / Guardian Signature 2
(if applicable)

Child 1 Enrollment Form (One Child Enrollment Form Per Child)

*Parent / Guardian Name(s) _____

Child 1 Information (must be at least 5 years old as of July 1)

Name			
Date Of Birth (mm/dd/yy)	Age (as of July 1)	Last Grade Completed	Gender

Choose One Option Only	Day Ukrainian Camp Ages 5 to 13	*Day and/or Evening* *Wreather / Sasher* *Age 13 Only*	Evening Dance Workshop Ages 14+
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Health Information / Medical Treatment Permission

Please explain any yes answers and / or any needs we should be aware of for your child to be successful at camp.

I would like to speak to a ND Ukrainian Camp Representative about my child's health or special needs. Please contact me at the number listed above. (circle one)	Yes	No
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1) Does your child have any special needs or known learning differences or delays we should know about? (circle one)	Yes	No
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2) Does your child need an Epi-Pen for allergic reactions? (circle one)	Yes	No
<p>*Epi-Pens will be administered in case of emergency ONLY if written authorization is given and written instructions accompanying the medication have been supplied. This information must be provided at least ONE WEEK PRIOR to the start of camp.</p> <p>*Epi-Pens must be carried with the child at all times during camp in a labeled bag.</p> <p>*I hereby authorize Ukrainian Camp Staff or its representatives to administer an Epi-Pen according to the WRITTEN DIRECTIONS which I have provided.</p>		If YES to item 2, please initial below

3) Does your child require any medication during camp hours? (circle one)	Yes	No
*Please note Ukrainian Summer Camp Staff will not administer any medications or inhalers to students but will monitor while the student self-medicates.		

4) I hereby authorize Ukrainian Camp Staff or its representatives to clean and/or apply topical antibiotics on superficial cuts, scrapes or wounds.	Initial
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5) I hereby authorize Ukrainian Camp Staff or its representatives to initiate Emergency Medical Services and Emergency Care for my child in the unlikely event that we are unable to reach any emergency contacts and/or as the situation mandates.	Initial
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Additional Information (attach additional pages if more space is needed)

Child 2 Enrollment Form *(One Child Enrollment Form Per Child)*

*Parent / Guardian Name(s) _____

Child 2 Information *(must be at least 5 years old as of July 1)*

Name			
Date Of Birth (mm/dd/yy)	Age (as of July 1)	Last Grade Completed	Gender

Choose One Option Only	Day Ukrainian Camp Ages 5 to 13	*Day and/or Evening* *Wreather / Sasher* *Age 13 Only*	Evening Dance Workshop Ages 14+

Health Information / Medical Treatment Permission

Please explain any yes answers and / or any needs we should be aware of for your child to be successful at camp.

I would like to speak to a ND Ukrainian Camp Representative about my child's health or special needs. Please contact me at the number listed above. (circle one)	Yes	No
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1) Does your child have any special needs or known learning differences or delays we should know about? (circle one)	Yes	No
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2) Does your child need an Epi-Pen for allergic reactions? (circle one)	Yes	No
<p>*Epi-Pens will be administered in case of emergency ONLY if written authorization is given and written instructions accompanying the medication have been supplied. This information must be provided at least ONE WEEK PRIOR to the start of camp.</p> <p>*Epi-Pens must be carried with the child at all times during camp in a labeled bag.</p> <p>*I hereby authorize Ukrainian Camp Staff or its representatives to administer an Epi-Pen according to the WRITTEN DIRECTIONS which I have provided.</p>		If YES to item 2, please initial below

3) Does your child require any medication during camp hours? (circle one)	Yes	No
*Please note Ukrainian Summer Camp Staff will not administer any medications or inhalers to students but will monitor while the student self-medicates.		

4) I hereby authorize Ukrainian Camp Staff or its representatives to clean and/or apply topical antibiotics on superficial cuts, scrapes or wounds.	Initial
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5) I hereby authorize Ukrainian Camp Staff or its representatives to initiate Emergency Medical Services and Emergency Care for my child in the unlikely event that we are unable to reach any emergency contacts and/or as the situation mandates.	Initial
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Additional Information *(attach additional pages if more space is needed)*

Child 3 Enrollment Form *(One Child Enrollment Form Per Child)*

*Parent / Guardian Name(s) _____

Child 3 Information *(must be at least 5 years old as of July 1)*

Name			
Date Of Birth (mm/dd/yy)	Age (as of July 1)	Last Grade Completed	Gender

Choose One Option Only	Day Ukrainian Camp Ages 5 to 13	*Day and/or Evening* *Wreather / Sasher* *Age 13 Only*	Evening Dance Workshop Ages 14+

Health Information / Medical Treatment Permission

Please explain any yes answers and / or any needs we should be aware of for your child to be successful at camp.

I would like to speak to a ND Ukrainian Camp Representative about my child's health or special needs. Please contact me at the number listed above. (circle one)	Yes	No
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1) Does your child have any special needs or known learning differences or delays we should know about? (circle one)	Yes	No
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2) Does your child need an Epi-Pen for allergic reactions? (circle one)	Yes	No
<p>*Epi-Pens will be administered in case of emergency ONLY if written authorization is given and written instructions accompanying the medication have been supplied. This information must be provided at least ONE WEEK PRIOR to the start of camp.</p> <p>*Epi-Pens must be carried with the child at all times during camp in a labeled bag.</p> <p>*I hereby authorize Ukrainian Camp Staff or its representatives to administer an Epi-Pen according to the WRITTEN DIRECTIONS which I have provided.</p>		If YES to item 2, please initial below

3) Does your child require any medication during camp hours? (circle one)	Yes	No
*Please note Ukrainian Summer Camp Staff will not administer any medications or inhalers to students but will monitor while the student self-medicates.		

4) I hereby authorize Ukrainian Camp Staff or its representatives to clean and/or apply topical antibiotics on superficial cuts, scrapes or wounds.	Initial
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5) I hereby authorize Ukrainian Camp Staff or its representatives to initiate Emergency Medical Services and Emergency Care for my child in the unlikely event that we are unable to reach any emergency contacts and/or as the situation mandates.	Initial
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Additional Information *(attach additional pages if more space is needed)*

Child 4 Enrollment Form (One Child Enrollment Form Per Child)

*Parent / Guardian Name(s) _____

Child 4 Information (must be at least 5 years old as of July 1)

Name			
Date Of Birth (mm/dd/yy)	Age (as of July 1)	Last Grade Completed	Gender

Choose One Option Only	Day Ukrainian Camp Ages 5 to 13	*Day and/or Evening* *Wreather / Sasher* *Age 13 Only*	Evening Dance Workshop Ages 14+

Health Information / Medical Treatment Permission

Please explain any yes answers and / or any needs we should be aware of for your child to be successful at camp.

I would like to speak to a ND Ukrainian Camp Representative about my child's health or special needs. Please contact me at the number listed above. (circle one)	Yes	No
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1) Does your child have any special needs or known learning differences or delays we should know about? (circle one)	Yes	No
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2) Does your child need an Epi-Pen for allergic reactions? (circle one)	Yes	No
<p>*Epi-Pens will be administered in case of emergency ONLY if written authorization is given and written instructions accompanying the medication have been supplied. This information must be provided at least ONE WEEK PRIOR to the start of camp.</p> <p>*Epi-Pens must be carried with the child at all times during camp in a labeled bag.</p> <p>*I hereby authorize Ukrainian Camp Staff or its representatives to administer an Epi-Pen according to the WRITTEN DIRECTIONS which I have provided.</p>		If YES to item 2, please initial below

3) Does your child require any medication during camp hours? (circle one)	Yes	No
*Please note Ukrainian Summer Camp Staff will not administer any medications or inhalers to students but will monitor while the student self-medicates.		

4) I hereby authorize Ukrainian Camp Staff or its representatives to clean and/or apply topical antibiotics on superficial cuts, scrapes or wounds.	Initial
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5) I hereby authorize Ukrainian Camp Staff or its representatives to initiate Emergency Medical Services and Emergency Care for my child in the unlikely event that we are unable to reach any emergency contacts and/or as the situation mandates.	Initial
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Additional Information (attach additional pages if more space is needed)

Child 5 Enrollment Form (One Child Enrollment Form Per Child)

*Parent / Guardian Name(s) _____

Child 5 Information (must be at least 5 years old as of July 1)

Name			
Date Of Birth (mm/dd/yy)	Age (as of July 1)	Last Grade Completed	Gender

Choose One Option Only	Day Ukrainian Camp Ages 5 to 13	*Day and/or Evening* *Wreather / Sasher* *Age 13 Only*	Evening Dance Workshop Ages 14+
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Health Information / Medical Treatment Permission

Please explain any yes answers and / or any needs we should be aware of for your child to be successful at camp.

I would like to speak to a ND Ukrainian Camp Representative about my child's health or special needs. Please contact me at the number listed above. (circle one)	Yes	No
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1) Does your child have any special needs or known learning differences or delays we should know about? (circle one)	Yes	No
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2) Does your child need an Epi-Pen for allergic reactions? (circle one)	Yes	No
<p>*Epi-Pens will be administered in case of emergency ONLY if written authorization is given and written instructions accompanying the medication have been supplied. This information must be provided at least ONE WEEK PRIOR to the start of camp.</p> <p>*Epi-Pens must be carried with the child at all times during camp in a labeled bag.</p> <p>*I hereby authorize Ukrainian Camp Staff or its representatives to administer an Epi-Pen according to the WRITTEN DIRECTIONS which I have provided.</p>		

3) Does your child require any medication during camp hours? (circle one)	Yes	No
<p>*Please note Ukrainian Summer Camp Staff will not administer any medications or inhalers to students but will monitor while the student self-medicates.</p>		

4) I hereby authorize Ukrainian Camp Staff or its representatives to clean and/or apply topical antibiotics on superficial cuts, scrapes or wounds.	Initial
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5) I hereby authorize Ukrainian Camp Staff or its representatives to initiate Emergency Medical Services and Emergency Care for my child in the unlikely event that we are unable to reach any emergency contacts and/or as the situation mandates.	Initial
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Additional Information (attach additional pages if more space is needed)