

# A DAY OF DANCING WITH THE REVOLUTION!

## Registration Form



### The Details

COME AND DANCE WITH THE STARS OF THE REVOLUTION! A special ONE DAY workshop will be held at Olentangy Orange High School for children grades K-8 on COTA Day (Friday, October 13). The workshop runs from 9:00 AM - 3:30 PM with a brief friends & family performance beginning at 3:30 PM.

#### \$60 REGISTRATION FEE INCLUDES:

- \* One Student Registration
- \* "Dancing With the Revolution" T-Shirt
- \* Snacks (peanut free) & water provided
- \* **STUDENTS MUST PACK THEIR OWN LUNCH**

8 students will be selected by raffle at the end of the workshop performance to participate in the Orange HS Holiday Pops Concert!

#### Space is limited

Registration must be received by 3pm on Tuesday, October 3rd

#### THE SCHEDULE

9:00 AM Registration - OOHS Commons  
 9:30 AM Dancing and Singing!  
 11:30 AM Lunch  
 12:00 AM Dancing and Singing!  
 3:30 PM Performance - OOHS Auditorium

#### Location

Olentangy Orange High School  
 2840 E. Orange Road  
 Lewis Center, Oh 43035

**Space is limited! Registration must be received by Tuesday, October 4th**

Make check payable to : Pop Arts  Email Registration & Emergency medical Form to: <a href="mailto:thecrazydodges@hotmail.com">thecrazydodges@hotmail.com</a>  Mail payments/registration/medical form to: DWTR Attn: Julie Dodge 1593 England Dr Columbus, Oh 43240  Questions?? Contact - Julie Dodge <a href="mailto:thecrazydodges@hotmail.com">thecrazydodges@hotmail.com</a> 801-367-8871	<b>ALL YELLOW AREAS OF THIS FORM MUST BE FILLED OUT ALONG WITH THE ATTACHED EMERGENCY MEDICAL FORM TO REGISTER YOUR STUDENT</b>	
Student's Name (Please Print)	Address (please print)	
Gender (circle) M or F  Grade Level _____  School: _____  Parent's Name (Please Print)	City  Zip  Phone #	
Alternate Contact (Please Print)	Alternate Phone #	
Parent Email Address:	T-Shirt Size (circle one) <u>Youth Sizes</u> YS YM YL YXL <u>Adult Sizes</u> AS AM AL AXL	Registration @ \$60 each
Total payment to: Payabel to Pop Arts	_____	
By signing the registration form - the parent/guardian permits reasonable use of their child's name, photograph, or likeness, in both static and/or electronic media: releasing Olentangy Local School District from any and all claims, liability and/or damages arising directly or indirectly out of their participation.		
****Parent Signature: _____		Date: _____

## OLENTANGY LOCAL SCHOOLS EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ Student lives with: \_\_\_\_\_  
 City/Zip Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

### PARENT/GUARDIAN(S) AND EMERGENCY CONTACTS

Call Order:	Relationship:	Name:	Day Phone:	Home Phone:	Cell Phone:	Can Pick Up:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Please indicate if your child has any of the following:**

- 1) Allergies (please list): \_\_\_\_\_
- 2) Medications\* (please list): \_\_\_\_\_
- 3) Inhalers\* (please list): \_\_\_\_\_
- 4) Other medical concerns or conditions to which medical personnel should be alerted? \_\_\_\_\_

\* Use and/or possession of any medications, whether prescribed or not, requires the appropriate documentation to be completed and on file with the school.

### PART I OR PART II MUST BE COMPLETED

**PART I: TO GRANT CONSENT**      I hereby give consent for the following medical care providers and local hospital to be called:

	<u>Office Phone:</u>	<u>Address (Preschool only):</u>
Physician: _____	_____	_____
Dentist: _____	_____	_____
Medical Specialist: _____	_____	
Local Hospital: _____	_____	

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the appropriate medical professional; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Signature of Parent/Guardian for Grant to Consent

\_\_\_\_\_  
Date

### **PART II: REFUSAL TO CONSENT**

**I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian for Refusal to Consent

\_\_\_\_\_  
Date