

Precision Dance & Performing Arts Participant Information

Name: _____ Age: _____ DOB: _____ Male: ___ Female: ___
(Last) (First) (Mi)
Address: _____ City: _____ State: _____
Zip Code: _____ Home Phone Number: _____

Parent/Guardian Information

Mother's Name: _____ Work Telephone: _____
E-mail Address: _____ Cellular Phone: _____
Father's Name: _____ Work Telephone: _____
E-mail Address: _____ Cellular Phone: _____
Emergency Contact: _____ Relationship: _____
Telephone Number: _____

Medical Information

Primary Care Physician: _____ Telephone Number: _____
Insurance Carrier: _____ Policy Number: _____
Allergies: _____
List all previous injuries and/or physical limitation(s): _____

List all current medications: _____

Authorization

Video and Photography Release: I understand that my child's photograph/video may be taken during the course of class instruction or during a special event. I hereby grant ___/do not grant ___ my permission for the resulting video and/or photograph to be used for any and all publicity and printing purposes.

Notice of Termination: I understand that Precision Dance & Performing Arts requires a **2-week notice** prior to terminating a class. One class attended for any month constitutes ownership of that class spot for the entire month.

(Initial)

I understand that in any activity the potential exists for injury, minimal to catastrophic. Precision Dance & Performing Arts, its employees, agents, officers and directors shall not be responsible for losses and damages associated with participation in any activity, exhibition, competition, recital or clinic or travel to or from any event in which the above named are involved. I hereby release Precision Dance & Performing Arts staff to render first aid in the event of any injury or illness, to seek medical assistance if deemed necessary and to transport to a medical facility or to call an ambulance.

Parent Signature: _____ Date: _____