

Student's Name _____
Age _____ Birth Date _____

the dance affair
Emergency/Liability
Release Form

Parent Name(s) _____

Address _____

City _____ Zip _____

E-mail _____

Home Phone _____

Cell _____

Work _____

Please Indicate your Options below:

_____ I will pick up my child each day

_____ I give permission for a friend or relative to pick up my child

Name of driver _____

Phone number _____

In Case of Emergency:

Close friend or relative _____ Phone _____

Doctor _____ Phone _____

Insurance Carrier _____ Policy/Group# _____

List any Allergies, illnesses, or medication affecting your child:

Any information pertaining to your child we should be aware of:

I hereby authorize *the dance affair* to act for me according to their best judgment in any case of emergency requiring medical attention and I hereby waive and release *the dance affair* from any liability for injuries and illnesses incurred by my child while at the dance affair.

Parent Signature _____ Date _____