

SUMMER DANCE DAYS EMERGENCY FORM

STUDENT NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MEDICAL CONDITIONS /  
ALLERGIES: \_\_\_\_\_

PRIMARY CONTACT INFORMATION:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE # 1 ( ) \_\_\_\_\_ PHONE # 2 ( ) \_\_\_\_\_

SECONDARY CONTACT INFORMATION:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE # 1 ( ) \_\_\_\_\_ PHONE # 2 ( ) \_\_\_\_\_

In case of a medical emergency, I understand that an effort will be made to contact a guardian, but if one is not able to be reached, I hereby give permission for my child to be treated. I hereby indemnify and hold harmless against any and all claims of damages arising out of taking or use of pictures of my minor child during Joyful Motion classes, events or performances. Furthermore I agree to hold harmless Alycia Carlson, Joyful Motion, its agents and employees in the event of an injury occurring to my child during any activities associated with Joyful Motion. I recognize that participating in this or any physical activity has a certain amount of risk and that an injury is always possible. I certify, to the best of my knowledge, that my child is physically able to participate in this activity. By signing, I hereby affirm that I have read and fully understand and agree to the above.

Signature of parent / legal guardian \_\_\_\_\_

Date \_\_\_\_\_