



Personal and Medical Information

Students Name _____ Birthdate M/D/Y _____
Parents Names _____
Address _____
Email Address _____ Home Phone _____
Cell Phone _____ Work Phone _____
Emergency Contact/Phone (other than Parents) _____
Doctor's Name/Phone _____
Allergies (if any) _____
Medical Conditions (if any) _____
Medications (if any) _____

***EVERYONE must fill out a new form this year and sign below.**

In consideration of my membership at 5678! Dance Studio LLC, and my participation in classes, events, competitions, and activities, I agree to be bound by each of the following for the entire length of time that I am a student at 5678! Dance Studio. If any of the following above information changes, I agree to provide an updated form to 5678! Dance Studio:

1. Eligibility: I agree to comply with the rules of 5678! Dance Studio.
2. Readiness to Participate: I will only participate in 5678! Dance Studio classes, events, competitions, and activities for which I believe that I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. Medical Attention: I hereby give my consent to 5678! Dance Studio to provide, through a medical staff of its choice, customary medical attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in dance activities and events. I further agree that 5678! Dance Studio, and the sponsor of any 5678! event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

This notification of risk and enrollment has been read thoroughly, is understood completely and has been discussed with my child. It is being signed voluntarily and I acknowledge its content and intent.

Parent's signature _____ Date _____