

ACADEMY OF INT'L BALLET HEALTH INFORMATION / WAIVER

Participant's full name: _____

DOB: / /

Address: _____

City: _____ State: _____ Zip: _____

Tel#: _____ Email: _____

Person to Notify in Case of Emergency: _____

Participant's health insurance company: _____

Participant's health insurance policy #: _____

Participant's Primary Doctor: _____

Date of most recent physical exam: _____

Please list any medical concerns that we should be aware of: _____

Height: _____

Weight: _____

Waiver / Release / Indemnification

Parent(s) or legal guardian must sign below before participant is allowed to participate in Academy of Int'l Ballet events and classes:

As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in the Academy of Int'l Ballet activities. I understand there are inherent risks in participating in this dance program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in the Academy of Int'l Ballet classes and events. I further agree to RELEASE, indemnify and hold harmless, Academy of Int'l Ballet, its agents, employees and / or representatives from any and all liability, damage, cost or expense arising out of my child's participation in Academy of Int'l Ballet classes and events, of every kind and nature.

In the event that I cannot be reached in an emergency, I hereby give permission to Academy of Int'l Ballet, its agents and employees to seek care for my child by a qualified emergency medical technician, physician/staff member of a hospital or any other individual qualified to provide medical treatment deemed necessary for my child.

Signature of parent(s) or legal guardian: _____ Date: _____

Name of Parent: (please print) _____