

Dancer's Studio

"A School for the Performing Arts"
609 Main Street, Clarion, Pennsylvania 16214
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www.dancers-studio-stars.com

Health Information and Medical Release/Waiver Form

I, (mother) _____ and (father) _____ the parents/guardians of _____, am aware that participation in dancing is potentially dangerous and involves risk of injury. I understand that these risks include, but are not limited to injury to ligaments, muscles, tendons, bones, and other aspects of the body that may include head, neck, or spine. Due to the dangers of this activity, I understand the importance of my child's following the teacher's instructions regarding techniques, training, and other rules and agree that my child will obey these instructions. In consideration for allowing my child to participate The Dancer's Studio activities, I hereby assume all the risks associated with the sport of dance, and I agree to release The Dance Studio and its employees or agents from any and all liability/responsibility which may arise in connection with my child's participation in activities at The Dancer's Studio.

Hospital/Clinic Preference _____

Physician's Name _____

Phone Number _____

Insurance Company _____ Policy # _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

In the event that I can not be reached, please call the following:

Name _____ Relationship to student _____

Phone# _____

Name _____ Relationship to student _____

Phone# _____

Please Note: A medical release form must be filled out for each individual student who enrolls in The Dancer's Studio.