

Conservatory of Dance Emergency Medical Release Form

CONSERVATORY



OF DANCE, LLC

Mail along with registration form to:

Conservatory of Dance, LLC

P.O. Box 894, Georgetown, CT 06829

203.544.8455

Dancer's name _____ Birthdate _____

Parent's names _____

Mailing address Street _____ City _____

State _____ Home phone _____ Email _____

Mother's home phone _____ Work phone _____ Cell phone _____

Father's home phone _____ Work phone _____ Cell phone _____

Allergies/medical conditions _____

Doctor's name _____

Emergency Contacts Please give the name and phone number of two people who may be contacted in case of emergency or illness. These people should live in the vicinity of the Conservatory of Dance during the hours that the program is in operation.

1 Name _____ Phone number _____

2 Name _____ Phone number _____

• I understand and agree that photos may be taken of me while attending the Conservatory of Dance, LLC and I understand that all photographs are the sole property of the Conservatory of Dance, LLC and may be used for promotional purposes. I also understand and agree that no payment will be made to me for the use of these photos.

• Prior to the start of any exercise or dance regimen, I understand and agree that I should be seen by a physician to determine any health concerns. As with all forms of exercise or dance, I understand and agree that there is the inherent possibility of injury or illness. I hereby release the Conservatory of Dance, LLC from any claim for injury or illness while participating or attending any of its dance or exercise programs.

• In the event of illness or injury to me, which in the judgment of the Conservatory of Dance, LLC program staff requires emergency treatment, my permission is granted to call 911. I hereby release the Conservatory of Dance, LLC from any claim arising out of the doctor's actions. All medical expenses shall be my responsibility.

• I understand and agree that I am responsible for the entire tuition for the period studied. I understand that in order to receive any refunds, portion of refunds, or class credits I must fill out the appropriate paperwork as well as meet all criteria for refunds, partial refunds and credits according to the Conservatory of Dance, LLC policy.

Signature _____ Date _____

If the student listed above is a minor, a parent or guardian's signature is required.

Signature _____ Date _____