



Studio West Dance Center

MINOR CONTACT/EMERGENCY FORM

Class Participant Name: _____ Age: _____

Sex: M F School Attending: _____ Current Grade Level: _____

Date of Birth: _____ # Years of Dance Experience _____ *no experience req'd, used for placement only

If you are enrolling by Oct. 1, please circle tank top size: YS YM YL AS AM AL AXL

I, _____, give permission for the following people (parents/guardians and alternates) to be contacted in case of an emergency and/or to remove my child from SWDC.

PARENT/GUARDIAN INFORMATION:

1. _____
Parent/Guardian Name(s) Address Zip

Home Phone Work Phone Cell Phone Email Address

If parents live at separate addresses, please provide additional parent/guardian household info below for #2:

2. _____
Parent/Guardian Name(s) Address Zip

Home Phone Work Phone Cell Phone Email Address

ALTERNATE/EMERGENCY CONTACTS: (please list at least one emergency contact that is NOT a parent/guardian)

1. _____
Name(s) Relationship to Participant Home Phone Work Phone Cell Phone

2. _____
Name(s) Relationship to Participant Home Phone Work Phone Cell Phone

Physician's Name: _____ Phone: _____

Medications: _____

Health Concerns, Allergies, and/or Other Conditions that SWDC should be made aware of:

I hereby grant permission to Studio West Dance Center to authorize and obtain medical care from any licensed physician, emergency medical technician, hospital or medical clinic should the class participant, _____ (name), become ill or injured while under the Center's care. The Center will make every attempt to inform parent/guardian and/or emergency contact in the event of an emergency.

Parent/Guardian Signature _____ Date _____