



### Emergency Contact Form

Parents: Please bring the Front and Back form completed to your child's first class.

Today's Date: \_\_\_\_\_

Name of Class Attending, Day & Time: \_\_\_\_\_

To ensure the safety and health of all children, we request that you provide the following information so emergency assistance can be provided if it is required. **This form must be completed with all information and signed by a parent or legal guardian before a child can participate in any class activities. \*Email addresses and cell phone #s are required – Thank you!**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Home #: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent's  
Email: \_\_\_\_\_

2<sup>nd</sup> Parent's Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

**Additional Emergency Contacts:**

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Let us know if . . .**

Are there any special considerations we should know about such as asthma, allergies, or physical limitations? If so, please detail them below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently under the care of a physician?      YES                      NO

**Authorization for medical treatment:**

I hereby give permission to Sereda DanceWorks to administer basic first aid and/or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Advertising and Promotion**

Sereda DanceWorks often uses pictures and/or videos of events and classes for brochures, newsletters, website, and advertising. Would you be willing to allow your child's image for these purposes?

YES

NO

Child's Name: \_\_\_\_\_

Class: Day, Time, Name: \_\_\_\_\_

**Waiver and Limitation of Liability**

Please accept the above named student as a *voluntary participant* in the above named program. I freely accept and voluntarily assume all risks of injury and understand it is impossible to predict every situation that might arise through participation. I elect to participate in spite of these risks, which include but are not limited to muscle strains, sprains/breaks of bones, and spine injuries. I fully understand these potential risks. I do hereby release, indemnify, and hold harmless Sereda DanceWorks and its employees and participants from any and all present and future claims resulting from ordinary negligence on their part. Also, I assume full responsibility and certify that I am in good physical and emotional health and am capable to participate in this activity. I am aware this program provides *no health and no accident insurance* and this is my responsibility. I have read and fully understand the contents of this waiver and I am signing it on my child's behalf. I realize it is binding, now and forever, on myself, my heirs, and my assigns.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_