



Center Stage Dance



2009 MEDICAL/LIABILITY RELEASE FORM

Child's Last Name: _____ Child's First Name: _____ DOB: _____

- As a parent or legal guardian of the above child, I authorize my daughter to participate in the Center Stage Youth Pom and Dance Program. I understand that any athletic program includes an inherent risk of injury.
- I authorize a representative of the Center Stage Staff to locate qualified and licensed medical personnel and/or transport said student to an appropriate medical facility in the event that it may become necessary.
- I understand I will be notified as soon as possible in the event of an emergency. I or my insurance company will assume all expenses of such treatment.
- The Center Stage Youth Pom and Dance Program, coaches, staff, and volunteers shall not be responsible for any injury incurred as a result of my daughter's participation in the program.

Signature of Parent/Guardian _____ Date _____

Emergency Contacts

Parent(s)/Guardian(s) Names: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

you can be reached at DURING practice: _____

List two other local contacts in case of an emergency:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Confidential Medical Information

Family Doctor _____ Phone # _____

Insurance Co. _____ Policy # _____

List pertinent medical information applicable to: allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.

Indicate any medication or drugs to which the participant is allergic: _____

Indicate any medication the participant is currently taking: _____