

DANCEWAVE

Empowering, Enlivening, and Transforming Lives Through Dance!

SCHOOL AT DANCEWAVE

2011-2012 FORMS

These forms must be completed and submitted before your child starts dancing with us!

I HAVE READ AND AGREE TO THE POLICIES OUTLINED IN THE SCHOOL AT DANCEWAVE HANDBOOK.

Please complete, sign and date below.

Parent/Guardian Name

Child's Name

Parent/Guardian Signature

Date

2011-2012 Liability Release

I, **(Parent/Guardian Name)** _____ give permission for **(Child's Name)** _____ to attend Dancewave classes during the 2011-2012 School Year (Thursday September 15th, 2011 – Friday, May 26th, 2012) Dancewave's Brooklyn locations: The Dancewave Center (45 Fourth Ave.), Old First Church (729 Carroll St.), Salsa Salsa Studio (55 Fourth Ave.) and Union Street Dance (725 Union St.).

I agree to hold Dancewave, Inc. harmless against any injury, liability, or accident that takes place in rehearsals, classes, or performances administered by Dancewave. I understand that the Dancewave staff may, if it appears necessary for my child's health, have my child hospitalized or use outside medical, surgical, or dental care without liability to Dancewave, Inc. or its class locations. I also understand that the staff may dismiss my child from the program if his/her conduct jeopardizes the safety of the entire group.

Guardian Name _____

Guardian Signature _____

Date _____

Relationship to Child _____

2011-2012 Photo/Video Release

I, **(Parent/Guardian Name)** _____ consent to the use by Dancewave, Inc. of **(Child's Name)'s** _____ name and/or photograph/video for any purpose and in any medium without my inspection of finished photographs or media and without any liability to me stemming from any such use.

Guardian Name (Print): _____

Date _____

Guardian Signature: _____

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2011-2012 Medical Form

Please print and complete all blanks.

Child Last Name: _____ Child First Name: _____ Child Date of Birth: _____

Age: _____ Weight: _____ Height: _____ Sex: _____

Parent/ Guardian Names (list all): _____

Parent/Guardian Occupation(s): _____

Address: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Family Physician: _____ Phone #: _____

Should your child become ill, get a headache, catch a cold, or have other minor medical or dental problems, do you give permission for the administration of non-prescription medication at the discretion of the Dancewave staff?

Yes _____ No _____

If aspirin or Tylenol needs to be administered, what do you prefer?

No preference _____ Aspirin _____ Advil/Ibuprofen _____ Tylenol/Acetaminophen _____

Does your child take any prescription medication regularly? Yes _____ No _____

If yes, please describe:

Does your child have any psychological, learning and/or behavioral challenges that Dancewave should know about? This information helps us to best serve your child's needs.

Yes _____ No _____

If yes, please describe:
