

West Sylvan Dance Team

Medical Release Form

Dancer's Name: _____

Please Initial: _____

_____ I acknowledge and agree that dance training and performing are strenuous physical activities that involve risk of property damage, bodily and personal injury, illness, and assume full risk and responsibility. In permitting my student to participate in dance training and performing and any activity ancillary thereto, I hereby voluntarily and absolutely release, discharge, waive, and relinquish any and all claims, causes of action, losses, costs, expenses, and/or damage, where in law or equity, against Keeley Driscoll, Kerry Driscoll, Jasmin Calvillo-Ruelas, West Sylvan Middle School staff, employees, and volunteers.

_____ I also hereby authorize Keeley Driscoll, Jasmin Calvillo-Ruelas, and Kerry Driscoll to obtain medical treatment to my daughter/son if injury or illness occurs during the dance season or summer dance camp.

Please list all known allergens and associated reactions: (please also include any other important medical information): _____

Medical Insurance: _____ **ID #:** _____

Group#: _____ **Primary Care Physician:** _____

Preferred Hospital: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____