

Lewisburg Dance Conservatory

HEALTH FORM 2011-2012

PLEASE PRINT CLEARLY

STUDENT NAME _____		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
BIRTHDATE _____ AGE (as of 09/01/10): _____		
MAILING ADDRESS _____		

<i>City</i>	<i>State</i>	<i>Zip</i>

MOTHER'S NAME _____		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
HOME PHONE: _____ MOTHER'S CELL: _____		
MOTHER'S EMAIL _____		
MAILING ADDRESS (IF DIFFERENT) _____		

<i>City</i>	<i>State</i>	<i>Zip</i>

FATHER'S NAME _____		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
HOME PHONE: _____ FATHER'S CELL: _____		
FATHER'S EMAIL _____		
MAILING ADDRESS (IF DIFFERENT) _____		

<i>City</i>	<i>State</i>	<i>Zip</i>

EMERGENCY CONTACT – NAME & TELEPHONE NUMBER:		

<i>Last</i>	<i>First</i>	<i>PHONE #</i>

I AM/MY CHILD IS CAPABLE OF PHYSICAL EXERCISE - CHECK HERE _____		
Please list any allergies or medical conditions to which I should be aware.		

Waiver/Release	
I hereby agree that my child or I will participate in dance courses given by the Lewisburg Dance Conservatory upon the understanding and agreement with the studio waiver and release. I understand that with any physical activity there is a risk of injury, and I agree not to hold the Lewisburg Dance Conservatory or any of its employees/independent contractors responsible. I release the School and its directors, and employees/independent contractors from all liability for personal injury, illness, or property damage occurring on or off the premises. I am/my child is capable of physical exercise and I have documented any health concerns.	
Parent Signature _____	Date _____