

Access Dance, Inc.
22104 West 64th Ter.
Shawnee, Ks 66226
(913) 825-3923

CHILD'S INFORMATION

NAME: _____

GENDER: 0 Male 0 Female DATE OF BIRTH _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PARENT / GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: () _____

CELL PHONE: () _____

EMAIL: _____

EMERGENCY CONTACT (IF OTHER THAN PARENT)

NAME: _____

PHONE() _____

CELL PHONE () _____

HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER:

YES NO

- HEART DISEASE / HEART DEFECT / HIGH BLOOD PRESSURE
- EPILEPSY / FAINTING SPELLS
- DIABETES
- CONCUSSION OR SERIOUS HEAD INJURY
- MAJOR SURGERY OR SERIOUS ILLNESS
- BLINDNESS / SEVERE VISUAL PROBLEM
- A S T H M A
- CELL TRAIT OR DISEASE
- BONE OR JOINT PROBLEM
- EMOTIONAL / PSYCHIATRIC / BEHAVIORAL PROBLEM
- HEPATITIS
- HEAT STROKE / EXHAUSTION
- HEARING AID CONTACT LENSES / GLASSES

Diagnosis (Please Explain)

Please list any allergies: _____

SIGNATURE

PLEASE SIGN BELOW TO INDICATE THAT ALL OF THE ABOVE INFORMATION IS CORRECT, ACCURATE AND UP-TO-DATE:

Access Dance, Inc.

Consent/Release Form

I realize that the class/activity for which my child intends to participate may have some inherent risk of injury because of the activity. On behalf of my child, I agree that Access Dance, Inc., and their volunteers and representatives shall not be held responsible for any illness or injury to person or damage to property resulting from my child's participating in any Access Dance, Inc., activities. In consideration for Access Dance, Inc., permitting my child to participate in Access Dance, Inc., activities, I hereby grant permission to Access Dance, Inc., to use my child's photograph and/or video footage for promotional purposes.

Parent/Guardian Signature

Date

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PHOTOGRAPHY CONSENT, RELEASE AND WAIVER OF LIABILITY

I hereby give my consent to Access Dance, Inc., to photograph me and use the photograph(s) for informational, educational, promotional, or publicity purposes concerning the organization and its services.

I understand that the photograph(s) may be used on the organization's Website, or in official organization publications or displays, public newspapers, magazines, reports, or other public documents; or electronic or digital recordings. I also understand that the photograph(s) may be used without any further consent or authorization from me; the county may modify the photograph(s) in the process of editing, and I will not be entitled to any compensation for use of the photograph(s).

I also agree to release Access Dance, Inc., its officers, employees, or agents, from any and all liability arising out of or connected to the use of the photograph(s) as stated above.

I have read and understand the foregoing consent, release, and waiver of liability, and voluntarily accept and agree to its terms.

N a m e (print): _____

Signature (if 18 years of age or older): _____

Date: _____

Name of Parent/Guardian, if under 18 years of age (print):

Parent/Guardian Signature: _____

Date: _____