

## Gustafson Dance Registration Form '09-'10

Today's Date \_\_\_\_\_ Check #/ amount \_\_\_\_\_

***Please return with the non-refundable \$40 registration fee per student due upon registration or the beginning of each school year.***

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade (as of Fall/09) \_\_\_\_\_

Class Level, Day(s) and Time(s): \_\_\_\_\_

Class Placement (Please call 563-3262 if you are unsure of level and time.)

Name of Responsible Party: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ Work or cell #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Student's Home Phone: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Secondary Email Address (optional): \_\_\_\_\_

Additional person to contact in the event of an emergency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

### MEDICAL INFORMATION:

Known allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medication Currently Used: \_\_\_\_\_

When a student suffers a serious injury or illness while at Gustafson Dance, first aid will be rendered and an immediate and continuing effort will be made to contact the emergency contact of that student.

**For parents:** If I cannot be reached by telephone in the event of an emergency involving

\_\_\_\_\_ (Name of Child), please call Dr. \_\_\_\_\_

(Physician's Name or Other) or take my child to any available medical service. I am aware, however, that in most situations the physician and/ or medical facility will not treat a minor child without parent permission.

### RELEASE OF LIABILITY

I agree that I/we will not hold Gustafson Dance/State Street Ballet and its employees liable for any injury or illness that might occur while \_\_\_\_\_ (Student's Name) is a student of Gustafson Dance absent any negligent, reckless, and/or intentional actions on the part of Gustafson Dance/State Street Ballet, its agents, employees and/or representatives.

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)