



ART OF DANCE

REGISTRATION FORM, MEDICAL INFORMATION & RELEASE FORM

ARE YOU A NEW STUDENT TO BOJANGLES ART OF DANCE?

(please circle one)

YES How did you hear about Bojangles Art of Dance? _____

NO How many years have you danced at Bojangles Art of Dance? _____

NAME OF STUDENT: First Name: _____ Last Name: _____

DATE OF BIRTH: Month _____ Day _____ Year _____

ADDRESS: (Street) _____

(City) _____ (Postal Code) _____

HOME TELEPHONE: () _____ Call Answer Subscriber? YES or NO

PARENT/GUARDIAN 1: First Name: _____ Last Name: _____

Work Phone: () _____ Cell Phone: () _____

Email Address: _____

PARENT/GUARDIAN 2: First Name: _____ Last Name: _____

Work Phone: () _____ Cell Phone: () _____

EMERGENCY CONTACT: Name: _____ Relationship: _____

Phone: () _____ Cell Phone: () _____

FAMILY PHYSICIAN: Name: _____ Telephone: () _____

Address: _____

HEALTH CARD NUMBER: _____ Initials: _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS, ALLERGIES, OR OTHER SPECIAL NEEDS OF WHICH WE SHOULD BE AWARE?

RELEASE:

I hereby release Bojangles Art of Dance, all program staff and/or any persons involved with the direction and organization of Bojangles Dance class, from all claims for damages arising from any accidents or injuries which are caused by or arise from participation by my child, names on this form, in any facility or at any location where Bojangles Art of Dance is being held. In the event of an accident or illness involving my child while attending Bojangles Art of Dance, I hereby authorize, if I am not immediately available, the administration of any medical procedure deemed necessary by the child's physician selected by the program staff. I also give my permission for my child to be transported to the physician's office or the hospital, with no liability on the driver's part. An ambulance may be called to transport my child to the hospital if required.

Parent / Guardian Signature: _____ Date: _____