

Studio B Dance

Please fill out the following information and mail to: Studio B Dance, 552 N. 1st St. Breese, IL 62250

-----**Student Information**-----

Student Name

Date of Birth

Name of Child's School

Name of Parent or Guardian

Home Phone

Work Phone

Home Address (Street, City, State, Zip)

Whom should we notify in case of emergency?

--Insurance Information--

While attending Studio B Dance there is always the possibility of injury. Studio B will provide responsible care for my child, but, if an injury should occur, I the undersigned agree not to hold the Studio, its owner, chaperones, or any of its staff responsible. I further agree to indemnify and hold harmless the Studio and its agents and employees from claim, losses, injuries, and damages of any nature whatsoever incurred. I further authorize the agents of Studio B Dance to obtain any and all necessary emergency health care, in my stead, for my child.

INSURANCE CARRIER _____ POLICY # _____

Does your child have a history of allergies, injuries, or other medical problems? If so, please explain.

I HAVE THOROUGHLY READ, ACKNOWLEDGE, AND UNDERSTAND ALL THAT IS WRITTEN IN THIS FORM. I ALSO GIVE MY PERMISSION FOR MY CHILD'S/CHILDREN'S, _____, PICTURE(S) TO BE USED FOR NEWSPAPER ARTICLES AND PROMOTIONAL PURPOSES.

PARENT/GUARDIAN

SIGNATURE _____ DATE _____