PARKLAND HIGH SCHOOL DANCE Team

Medical Information and Waiver

- Parents must complete this form
- Please Complete and Return at check-in on the day of the clinic
- Participants in the Junior Dance Camp who do not turn in fully completed forms will not be allowed to participate. (no refunds)

_____ _____
Dancer's Name Birth Date

_____
Parent's Name

_____ _____
Address Emergency Contact Relation

_____ _____
City State Zip Emergency Phone

_____ _____
Phone Health Insurance Carrier

_____ _____
Email Address Policy Number

I hereby waive the Parkland High School Dance Team and its duly authorized agents, servants, or staff of all responsibility in the event of any type of injury, health condition, or physical problem that my son/daughter may already have or receive as a participant in Parkland High School Dance Team Junior Clinic or performance. Please note: injuries can be severe in nature, including but not limited to broken bones, torn ligaments, paralysis, and death.

I certify that my son/daughter has no health or physical defect which will hamper his/her ability to perform in the Parkland High School Dance Team Junior Clinic or performance which might be unsafe to his/her health.

My son/daughter is covered by adequate health insurance to cover any cost of any accident and/or injury that might occur to him/her during the Parkland high School Dance Team Junior Clinic or performance. Any costs not covered by insurance will be my personal responsibility.

I give consent for my child to receive emergency medical care and/or be transported by ambulance or other conveyance to a doctor or hospital for attention and treatment.

I have read and understand all the aforementioned I give my son/daughter my permission to participate in the Parkland High School Dance Team Junior Camp.

_____
Parent's Signature Date

MEDICAL WAIVER