

Lewisburg Dance Conservatory: HEALTH FORM

STUDENT NAME _____ BIRTHDATE _____

AGE _____

PARENTS

NAMES _____

MAILING

ADDRESS _____

—

EMAIL

ADDRESS _____

—

PHONE NUMBER _____ CELL

PHONE# _____

EMERGENCY CONTACT – NAME, ADDRESS, & TELEPHONE NUMBER:

PLEASE LIST ANY CURRENT MEDICAL CONDITIONS:

DO YOU HAVE A HISTORY OF ANY MUSCLE TENSION, MUSCLE STRAIN OR
BROKEN BONES? PLEASE DESCRIBE:

HAVE YOU EVER HAD ANY HEAD TRAUMA OR BACK PROBLEMS? IF SO,
PLEASE EXPLAIN:

DO YOU HAVE ANY FOOD ALLERGIES? IF SO, PLEASE LIST:

I AM/MY CHILD IS CAPABLE OF PHYSICAL EXERCISE

CHECK HERE _____

Please list any allergies or medical conditions to which I should be aware.

Waiver/Release

I hereby agree that my child or I will participate in dance courses given by the Lewisburg Dance Conservatory upon the understanding and agreement with the studio waiver and release. I understand that with any physical activity there is a risk of injury, and I agree not to hold the Lewisburg Dance Conservatory or any of its employees/independent contractors responsible. I release the School of its directors, and employees/independent contractors from all liability for personal injury, illness, or property damage occurring on or off the premises. I am/my child is capable of physical exercise and I have documented any health concerns.

Parent Signature _____ **Date** _____