

STATE STREET BALLET & FRESNO BALLET THEATRE NUTCRACKER 2018
Presented by Valley Performing Arts Council

EMERGENCY INFORMATION FORM

THIS FORM MUST BE COMPLETED by July 21, 2018. DANCERS WITHOUT A COMPLETED EMERGENCY FORM WILL NOT BE ALLOWED TO REHEARSE OR PERFORM.

Dancer's Name: _____

Role: _____ Last _____ First _____ Middle _____ Dance School: _____

Academic School: _____ Birth Date: _____ Age _____

Primary Contact Cell Phone #: _____ Work Phone #: _____

Primary Contact Email Address _____

Address: _____
Street _____

City _____ State _____ Zip _____

Mother's Name: _____ Circle one: Natural Step Guardian/Foster

Employer: _____ Work phone: _____

Father's Name: _____ Circle one: Natural Step Guardian/Foster

Employer: _____ Work phone: _____

If my child is ill or has an emergency and I cannot be reached, please call and release my child to:	
Name: _____	Relationship: _____
Phone: _____	Cell Phone: _____
Name: _____	Relationship: _____
Phone: _____	Cell Phone: _____

Please list any health problems or allergies your child has: _____

Doctor: _____ Phone number: _____

Medical Insurance: _____ Group Number: _____

Hospital preference: _____

Medical Release

I hereby give my permission to the management, faculty, and staff of The Valley Performing Arts Council and the State Street Ballet of Santa Barbara to authorize any emergency medical care that may be required during my child's participation in classes, performances, or any related State Street Ballet events. This authorization extends throughout the entire year, or until that registrant is no longer enrolled with State Street Ballet of Santa Barbara, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of myself or my dependent, I assume the risk and agree that The Valley Performing Arts Council and State Street Ballet of Santa Barbara shall not be liable in any way for any injury sustained to my child during attendance in any classes or any related functions. I understand that good training involves physical manipulation and adjustment of the student's body by the instructor.

Please attach a copy of both sides of your child's medical card.

X _____ X _____
Parent/Guardian Signature Date Parent/Guardian Signature Date