

CHILDREN'S DANCE FESTIVAL

Children's Dance Festival wishes to be responsible about hosting children without parents. We assume that each director bringing a group has information on each of their students. We assume that every registrant is able to fully participate. Directors may wish to have more contact info.

Registration/Release/Emergency Contact Form Due at CDF May 2 - one for each child.

Every child must have this form signed by parent or guardian or they may not participate.

Child's Name _____

Group _____

Child's Address _____
Street City ZIP

Child's Telephone _____

Permission: I have read the Children's Dance Festival Program Information and agree and hereby give my permission to have my child participate in the activities outlined therein. I understand that participation in this program is at the discretion of the Directors and can be terminated without completion.

I also hereby waive Children's Dance Festival, Boston Ballet, and/or teacher liability for injuries or damages incurred during, before, or after workshops, rehearsals, or performances. I hereby certify that my child is in good health and may participate in physical activity. I have listed any health considerations on the following Emergency contact page. I hereby give permission for emergency medical treatment. I understand that the Children's Dance Festival does not hold insurance and hereby certify that my child(ren) are covered by medical and accident insurance. I also hereby give my permission for my child's photograph to be used for publicity purposes by the Children's Dance Festival.

Parent's Signature _____

Print Name _____

EMERGENCY CONTACTS

Name	tel #

Health Problems/Allergies

.Please consider the following medical conditions when listing health issues: Heart Condition or disease, Asthma, Diabetes, Seizure Disorder, Allergy to Medications, Allergy to Insect Stings, **FOOD ALLERGIES**. If children have these or other serious health considerations, please just attach a note to their sheet, explaining the situation, listing any current medications, and detailing any special restrictions or limitations, or treatment that should be followed during the course of the day. We will only use this information in case of an emergency.
