



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 voluntary dance program is at the discretion of the Directors and can be terminated without completion. I do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Brookline, a municipal corporation of the State of Massachusetts, and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Children's Dance Festival. I also hereby waive Children's Dance Festival and/or its teachers' liability for any 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 section. 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, or video to be used for publicity purposes by the Children's Dance Festival in print or broadcast material or on the web.

Parent's Signature _____

Print Name _____

EMERGENCY CONTACTS

Name	Phone #

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.
