

### Inlet Dance Theatre Summer Dance Intensive 06/ SDI Jr. Registration Form

Date \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Deposit Amount enclosed \$ _____
Cash or Check # _____

Name of Student \_\_\_\_\_ Student Age \_\_\_\_\_ Birth date \_\_\_\_\_ Male or Female \_\_\_\_\_

Student Soc. Sec. # \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

How did you hear about Inlet Dance Theatre and/or the SDI 06/SDI Jr.? \_\_\_\_\_

### Waiver of Liability and Emergency Medical Information

***This information is mandatory:*** I release and hold Inlet Dance Theatre, Wiley Middle School, Heights Arts, their agents, board of directors and staff harmless from any and all liabilities while participating in Inlet Dance Theatre's SDI 06 Jr. I understand that this registration information will be kept on file in Inlet's database and photos of me or my child may be used for publicity.

Applicant Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medical Information

Name of participants' Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Medical Conditions and/or injury history (Please List)

Medications (Please List)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance is with \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

*I hereby give my permission for my child to be transported to a medical facility in case of a medical emergency.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

