

### Inlet Dance Theatre Summer Dance Intensive 07 Registration Form

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

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

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

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 07? \_\_\_\_\_

Deposit Amount enclosed \$ \_\_\_\_\_  
 Cash or Check # \_\_\_\_\_

### Waiver of Liability and Emergency Medical Information

***This information is mandatory:*** I release and hold Inlet Dance Theatre, Cleveland Heights High School, and Cleve Hts/Univ Hts City School District, their agents, board of directors and staff harmless from any and all liabilities while participating in Inlet Dance Theatre's SDI 07. 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 \_\_\_\_\_

