

Peewee Dance



Name: _____ Birthdate: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Cell #: _____ email: _____

List any medical problems player has: _____

Medications: _____

I, the parent/guardian of the above named player, a minor, agree that the player and I will abide by the rules and regulations of the Peewee Dance. I for myself and the player release and indemnify the dance instructors and operators of the facilities used for the program and their respective directors, officers, employees, agents, coached and representatives from and against all claims, liabilities, damages or causes of action arising out of or in coordination with the player's participation in the program including without limitation to the transportation to/from any program which transportation is hereby authorized. I further grant the peewee dance parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the dance program, provided such use is related to the player's status as a participant in the program.

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb and well-being of my dependent.

Parent/Guardian Name: _____

Signature: _____

Shirt size: YXS YS YM YL AS AM AL

I want to be considered for the scholarship program.

Cost \$15. Starts 1/13/2010