

EL PADRECITO MINISTRIES DANCE REGISTRATION FORM

PARTICIPANT'S NAME: _____ AGE: _____

DOB: _____ DANCE EXPERIENCE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

DOES THE PARTICIPANT TAKE ANY MEDICATIONS OR HAVE ANY ALLERGIES AND/OR MEDICAL CONDITION THAT WE SHOULD BE AWARE OF? IF SO PLEASE EXPLAIN:

NAME AND PHONE NUMBER OF THOSE PERMITTED TO PICK UP YOUR CHILD FROM CLASS:

1. _____ PHONE: _____

2. _____ PHONE: _____

IF PARENT IS UNAVAILABLE, PLEASE LIST EMERGENCY CONTACTS:

1. _____ PHONE: _____

2. _____ PHONE: _____

I hereby release El Padrecito Ministries, employees/volunteers from all liability for personal injury, illness or property damage occurring on or off the dance studio premises. I authorize El Padrecito Ministries to seek medical treatment at the nearest medical facility and they may call paramedics and discharge my child to an ambulance if I am not able to authorize it in the case of an emergency. I certify that my child is in good health and capable of participating in physical activities. I hereby give permission to El Padrecito Ministries to take and use photographs for promotion uses for the studio.

SIGNATURE OF PARENT/GUARDIAN

DATE