



# 2019 Health Form

(Due at time of registration)

<b>Student Name:</b>			
<b>Date of Birth:</b>		<b>Age:</b>	
<b>Address:</b>			
<b>Parent or Guardian Name:</b>		<b>Work Phone:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Email Address:</b>			
<b>Emergency Contact:</b>		<b>Emergency Contact Number:</b>	
<b>Student's Doctor:</b>		<b>Phone Number:</b>	
<b>Known allergies, physical disabilities, or conditions the studio should be aware of:</b>			

I, \_\_\_\_\_ (*print name*) the parent/guardian of the above listed minor acknowledge and fully understand that the participant will be engaging in activities that involve risk of serious injury, disability, or death. I accept personal responsibility for such injuries and release Tre Bella's Dance Studio, it's owner, agents, and volunteers from any and all liability. I, hereby, give my permission to Tre Bella's Dance Studio, it's owner, agents, and volunteers to seek emergency medical attention for the participant until I can be reached and agree to full financial responsibility for the cost of such treatment. I have read the above waiver/release and understand that I have given up the substantial rights in signing this release and sign below voluntarily.

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

Participants Signature (if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

**Mail with registration to:**

**Tre Bella's Dance Studio**  
**PO Box 862**  
**Dryden, NY 13053**