

danceworks INC

MEDICAL INFORMATION AND RELEASE FORM

Name of Camp or Workshop: _____

I, _____ for _____
(Circle one) Mother Father Legal Guardian (Circle one) Son Daughter

do hereby acknowledge and state that said minor is presently under my care, custody and control and that I possess the authority to grant the permission and authorization stated herein, and the minor has no conditions, which would prohibit or restrict her/his participation with Danceworks Inc.

I give my permission for the minor to travel with Danceworks Inc. and to participate in the activities sponsored by said party. (Off-site trips rarely take place but on occasion we will walk to a near by park and you will be notified prior to any off-site trips).

I authorize any representative of Danceworks Inc. to consent and authorize any medical attention, treatment, surgery, or administration of drugs by qualified and licensed medical personnel for my child which that become necessary.

I understand I will be notified as soon as possible in the event of an emergency. My insurance company or I will assume all expenses of such treatment. Insurance Company: _____ Policy Number: _____

I further waive and release Danceworks Inc., their officers, employees, and subsidiaries from any and all claims and causes of action arising from or concerning any and all injuries, illnesses, losses or damages of any kind which the minor or I may have as a result of, or in connection with, the minor's participation in said event, and/or travel to events, and activities of Danceworks Inc.

Photo Release: I do ___ do not ___ agree to be photographed while involved in Danceworks to use and display photographed for commercial or non-commercial use

Signature of Parent/Guardian/Custodian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime Phone: _____ Cell Phone: _____

Date of Birth: _____

Family Doctor: _____ Doctor's Phone: _____

List pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc:

Indicate any medication or drugs to which the child is allergic: _____

List any regular medication the child is taking: _____

List any and all food allergies: _____

List any other information that may be helpful: _____

Current immunization status: Tetanus / date _____ Polio / date _____

Two additional local contacts, other than parents, in case of emergency:

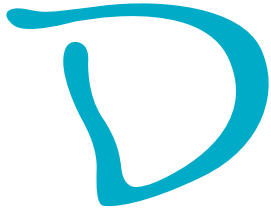
1. Name: _____ Relation to child: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relation to child: _____

Home Phone: _____ Cell Phone: _____

Please return all forms to Danceworks at least one week prior to the workshop.



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SCHOOL DAY OFF CREATIVE ARTS WORKSHOPS

Please answer the following questions about your child:

How would you describe your child's learning style?

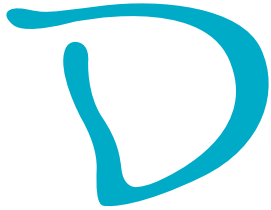
What are your child's strengths/ weaknesses?

How does your child interact with new children?

What, if any, concerns do you have about your child? (i.e. self-image, independence, peer relations, behavior, confidence, attitude towards others, etc...) Please be specific and descriptive. We need your candid input, so we can plan accordingly.

Is there anything you would like us to know about your child?

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SCHOOL DAY OFF CREATIVE ARTS WORKSHOPS

PICK-UP AUTHORIZATION FORM

Please list persons (including parents) who are authorized to pick up this child from workshop. The parent/guardian will be called immediately if a person who is not authorized attempts to pick up this camper. If someone other than an authorized person will be picking this camper up, please notify the Danceworks staff both verbally and in writing.

Camper's Name: _____

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Name: _____

Address: _____

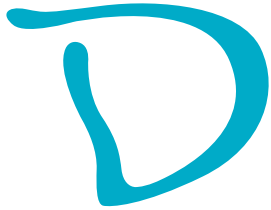
Phone Number: _____ Cell Phone Number: _____

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

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WHAT TO BRING TO A DANCEWORKS SCHOOL DAY OFF CREATIVE ARTS WORKSHOPS

ALL WORKSHOPS:

Please provide a nutritious lunch including a drink (no soda please). All lunches should be packed in a thermal bag/box with your child's name clearly marked. You may also wish to provide a nutritious snack for your child during break time.

ALL CAMPERS:

Please pack a water bottle marked with your child's name each day of camp.

To help eliminate messy stains on clothing you may wish to provide an art smock for your child. Please mark your child's name on the inside collar of the smock.

Refrigeration will NOT be provided for lunches, snacks, or drinks.

Please dress your child comfortably in cool, loose clothing. Children will be dancing, painting, and doing other physical activities without changing clothes so please make sure their clothing is adaptable and is allowed to get messy. Bare feet are best for dancing. If your child does not like to be bare foot while dancing, ballet, jazz shoes or other elastic type slippers can be worn.

Other important information:

There is NO PARKING in either of the Danceworks parking lots before 5 pm. Please DO NOT drive up to the Danceworks entrance to drop your child off. There is free parking on Water Street and other streets in close proximity to our building.

A parent/legal guardian MUST sign their child IN AND OUT at the beginning and end of each camp day. Camp sign-in sheets will be located at the front desk as you enter our studio lobby.

Only a parent/legal guardian will be authorized to pick up your child. If someone other than an authorized pick-up person must pick your child up please notify the camp assistant for the week with a verbal and written note.

Medical Release forms and questionnaires must be filled out completely, signed and returned **BEFORE** any student will be allowed to participate in any summer creative arts camps.

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