

STIVERS SCHOOL FOR THE ARTS 2019 SUMMER DANCE REGISTRATION FORM

STUDENT FIRST NAME _____ LAST NAME _____
AGE _____ 2019-2020 GRADE _____ SCHOOL _____
ADDRESS _____
PARENT/GUARDIAN NAME _____
PHONE NUMBER _____ EMAIL _____

RELEASE: I hereby release Stivers School for the Arts, its staff, Dayton Public City Schools District and any dance team member of any responsibility for any accident. I understand that all safety precautions will be taken and that this dance program is supervised by the dance director.

PHOTO RELEASE: I give permission to Stivers School for the Arts to use pictures in which my child is present, for program promotional purposes.

Parent/Guardian Signature: _____

EMERGENCY MEDICAL AUTHORIZATION FORM - SUMMER DANCE PROGRAM 2019

Student Name _____

Date of Birth _____ Gender _____

Mother/Guardian _____ Phone _____

Father/Guardian _____ Phone _____

Alternative person(s) to be notified when guardians cannot be reached

Name _____ Phone _____

Relationship to student _____

Name _____ Phone _____

Relationship to student _____

Does the student have health insurance? yes no

Does child take prescribed medications? yes no

If yes, please list any regularly taken prescribed medications: _____

Are any of the above medications given during summer session hours? yes no

If yes, please complete the medications administration form, the request for self-medication for asthma inhalers, and/or the authorization for student possession and use of an epinephrine autoinjector form. All of these forms must be signed by a physician.

EITHER PART I OR PART II MUST BE COMPLETED BY PARENT/GUARDIAN

PART I: CONSENT GRANTED: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to transport my child to _____ hospital.

PART II: CONSENT REFUSED: I do not give you permission to treat my child.

Parent/Guardian Signature: _____