



## LEAPS OF FAITH BALLET CLASS

### Emergency Contact and Medical Release Form

Today's Date \_\_\_\_\_

Child's name \_\_\_\_\_  
(First) (Last)

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender F / M

Years of Dance Experience \_\_\_\_\_ Styles of Dance Studied \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any restrictions, allergies, or special needs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, authorize my child, \_\_\_\_\_, to participate in Leaps of  
(Parent/Guardian) (Child)  
Faith Ballet Class at Pleasant View Church of Christ (PVCC), understanding the risk for injury therein. I release PVCC, its staff, members, and anyone affiliated with PVCC and Leaps of Faith Ballet Class from any liability whatsoever for injuries sustained by the participant listed above. In the event of an emergency, I understand that every attempt will be made to contact me or the other emergency contact listed, but if such people cannot be reached, I give permission to PVCC staff or the teachers of Leaps of Faith Ballet Class to seek and authorize medical care as recommended by a licensed physician, first responder, or EMT. I agree to pay all medical costs for such treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_