**DANCER EMERGENCY TREATMENT FORM**

Dancer's Name Date of Birth ____________________
Allergies__________________________________________________________________________

**Mom's Information**

Name:__________________________ Place of Employment:_________________________

Home Addresses:________________________City:________________State:_________Zip:_____

Phones: Home____________________ Work___________________Cell_____________________

Permission to Text ____ Yes or ___ No Cell Carrier______________ Email:__________________

**Dad's Information**

Name:__________________________ Place of Employment:_________________________

Home Addresses:________________________City:________________State:_________Zip:_____

Phones: Home____________________ Work___________________Cell_____________________

Permission to Text ____ Yes or ___ No Cell Carrier______________ Email:__________________

**Other contact's Information**

Name:_________________________ Relationship to dancer ______________________________

Home Addresses:_________________________ City:_____________ State:_____Zip:__________

Phones: Home_______________Work __________________ Cell __________________________

**Health Insurance**

Company __________________ Policy #: __________________Physician ___________________
Phone ____________________

If your child requires a visit to the hospital while under the supervision of Ballet Arts, Inc., a Ballet Arts Director can authorize treatment if you have consented by signing below.

By signing below, I hereby consent to allow:

_____ a Ballet Arts Director to authorize any needed medical treatment for this dancer in my absence.

Furthermore, I hereby waive any claim against Ballet Arts of Jackson, Inc., its Board of Directors, agents, or the dancing school where company classes or rehearsals are given in the event of any injuries incurred during rehearsals, performances, company classes, or any other Ballet Arts of Jackson, Inc. activity.

Signed______________________Date_____________Relationship to Dancer________________

Signed______________________Date_____________, Dancer if over 18