



Student Name: _____ Age: _____

Reference: _____ Phone: _____

Parent/Guardian Name(s): _____

_____ Phone: _____

Email _____ Phone: _____

Address: _____ Zip _____

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE 2008 DANCE GATHERER CAMP FOR YOUTH ___ AT STITES DANCE CENTER AND/OR THE ADVANCED CAMP ___ AT CULTURAL AWARENESS FOUNDATION:

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Please list all (aside from parent/guardian) who are authorized to pick up your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

EMERGENCY INFORMATION:

Child's Physician _____ Phone: _____

Child's Dentist _____ Phone: _____

In case of emergency contact (if parent unreachable): _____

Allergies: _____

Any other conditions we should be aware of? _____

Preferred Hospital? _____

CONSENT FOR EMERGENCY CARE: I hereby grant permission to Keith V. Goodman, members of Dance Gatherer Camp for Youth or Stites Dance Center to perform emergency care including first aid and CPR on my child and to transport my child as deemed necessary for further medical treatment in the event I am unable to be contacted. I further consent to medical or surgical treatment by any licensed physician and/or hospital and the administration of surgeries and any other medical treatments deemed necessary or advisable in the event I am unable to be contacted..

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

