

# SPARK Emergency Authorization and Contact Form

Name \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Circle: Female Male

Name of Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Dancer's Phone \_\_\_\_\_

Allergies: _____
Wears (circle): Braces Contacts Glasses
Medications taken: _____ Most recent tetanus shot: _____
List all pertinent medical information (i.e. heart trouble, diabetes, epilepsy): _____
_____

## EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: _____
Policy Holder's Name: _____
Policy Number: _____ Effective Date: _____

## COMPLETE WITH NOTARY:

I, the undersigned, recognize and understand the risks of physical injury inherent to dance and dance training and I fully assume those risks. I hereby release DanceFest Productions, Inc., SPARK Summer Dance Intensive, SPARK KOREO and their officers, agents and employees from all liability for injuries sustained or illnesses contracted by me or my child while attending or participating in SPARK. I agree to indemnify, defend and hold harmless DanceFest Productions, Inc, SPARK Summer Dance Intensive, SPARK KOREO and their officers, agents and employees for liabilities, costs and judgments arising from acts or omissions committed by me or my child which result in injury or damage to any person or property.

I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in SPARK Summer Dance Intensive. I hereby release DanceFest Productions, Inc., SPARK Summer Dance Intensive, SPARK KOREO and their officers, agents and employees from all liability for loss or damage to my personal property or my child's while attending or participating in SPARK Summer Dance Intensive. I also agree to abide by any rules, regulations and policies set forth by SPARK Summer Dance Intensive.

In case of illness, injury or medical emergency, I hereby authorize SPARK Summer Dance Intensive to make necessary arrangements to transport me or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. I understand that SPARK Summer Dance Intensive will attempt to notify the contacts listed as soon as possible.

Participant -or- Parent/Legal Guardian Signature (if under 18): \_\_\_\_\_ Date \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ to certify which witness my hand and seal of office.

Notary Public in and for the State of \_\_\_\_\_ County \_\_\_\_\_ PLACE SEAL HERE

My commission expires \_\_\_\_\_ Signature of Notary \_\_\_\_\_