

# Ballet on Broad

Student Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

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

E-Mail \_\_\_\_\_

General Health of Student:            Good            Fair            Poor

Known Allergies, if any: \_\_\_\_\_

Please list any medical conditions that we should know about: \_\_\_\_\_

\_\_\_\_\_

## **Consent to Medical Treatment**

In an emergency, when parental permission is not available, we hereby give our permission for a staff member of Ballet on Broad to consent to medical treatment of your child and/or ward.

\_\_\_\_\_  
Name or Child or Ward

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **Liability Waiver**

I am aware that dance/cheerleading/gymnastics and the nature of the training and performing associated with Ballet on Broad (TCK Studios, Inc.) place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that Ballet on Broad, the school and the staff of this institution shall not be liable in any way for injuries sustained during attendance of classes, rehearsals or any related functions. It is also understood that dance/cheerleading/gymnastics instruction involves kinetic corrections that may include physically touching the student as part of regular class work and rehearsals.

I also agree that I have read the brochure given to me by Ballet on Broad, and agree with all terms and conditions list therein.

✓

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date