

# ELK RIVER DANCE TEAM REGISTRATION AND LIABILITY WAIVER FORM

All individuals wishing to participate in the **Elk River Dance Team** must have a parent / guardian sign this form. As the parent or guardian of the participant listed below, by your signature, you agree to assume all liability for their participation in the Elk River Dance Team. Further, you agree to release and hold harmless, from responsibility or liability, the Elk River Dance Team Booster Club and the Elk River Dance Team, their officers, coaches, dance team members and parents, or any other person acting on behalf, from any and all claims, including those for personal injuries, death, damage, costs and/or other expenses, including attorney fees, arising from or in any way connected with participant's involvement in the Elk River Dance Team.

You also hereby certify that to the best of your knowledge and belief, the participant listed below is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that you, the undersigned, will assume full responsibility for any such action, including payment of costs.

Student Athlete Name: \_\_\_\_\_

Student Athlete Birthdate: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Insurance Company and Policy #: \_\_\_\_\_

Emergency Contact Name Other than Parent / Guardian:  
\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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## PRIMARY CONTACT INFORMATION:

Primary Contact Name: \_\_\_\_\_

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

\_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

## SECONDARY CONTACT INFORMATION:

Secondary Contact Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Home Phone (if different from above): \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

## PARENT / GUARDIAN AUTHORIZATION:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date