

ELK RIVER *Dance Team*

****REGISTRATION, MEDICAL, AND LIABILITY WAIVER****

A parent or legal guardian must complete and sign this form for each Elk River Dance Team participant. A separate signed form is required for each dancer, even if multiple dancers live in the same household.

Acknowledgment of Risk & Release of Liability

As the parent or guardian of the participant listed below, I understand that participation in dance team activities involves inherent risks, including but not limited to physical injury.

By signing this form, I agree to assume all risks and liability associated with my child's participation in the Elk River Dance Team. I further release, waive, and hold harmless the Elk River Dance Team, Elk River Dance Team Booster Club, and their respective officers, coaches, members, volunteers, and representatives from any and all claims, liabilities, damages, costs, or expenses (including attorney fees) arising out of or related to participation in team activities, including claims resulting from negligence to the fullest extent permitted by law.

Medical Authorization

I certify that, to the best of my knowledge, my child is in good health and able to participate in dance team activities.

In the event of illness or injury, I authorize the Elk River Dance Team representatives to obtain emergency medical treatment for my child. I understand that I am financially responsible for any medical care provided.

Participant Information

Student Athlete Name: _____

Date of Birth: _____

Medical Conditions: _____

Allergies: _____

Current Medications: _____

Family Physician: _____

Physician Phone: _____

Insurance Company & Policy #: _____

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Student Athlete Name: _____

Emergency Contact (non-parent/guardian): _____

Emergency Contact Phone: _____

Primary Contact Information

Name: _____

Address: _____

Phone (Home): _____

Phone (Cell): _____

Email: _____

Secondary Contact Information

Name: _____

Address (if different): _____

Phone (Home): _____

Phone (Cell): _____

Email: _____

Parent/Guardian Authorization

I have read and understand this registration, medical authorization, and liability waiver. I agree to its terms.

Parent/Guardian Name (Printed): _____

Signature: _____

Date: _____