

## Emergency Data Form

Students Full Name: \_\_\_\_\_

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

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

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

Student's Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Previous dance experience (years & type): \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Emergency Contacts (other than parents):

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Previous Injuries: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

I give permission for my child to be treated medically in case of an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_