

### STUDENT INFORMATION (18 years and under):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Female  Male Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

### MEDICAL INFORMATION:

Chronic Injuries / Learning Disabilities: \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

NAME: \_\_\_\_\_  Responsible for billing?

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell / Pager: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

*Note: Your email will not be abused or distributed. You will receive studio info and announcements.*

### BILLING RESPONSIBILITY:

*If the above parent/guardian is NOT responsible for billing,  
please include the information of the individual responsible:*

NAME: \_\_\_\_\_

Relationship to Student (Parent, Grandparent, etc.) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell / Pager: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### EMERGENCY CONTACT (other family member or friend)

NAME: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell / Pager: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

### RELEASE AND WAIVER (PLEASE READ CAREFULLY):

This document will be held in confidence for the duration of the 2015/16 dance season. Any student named above ("Attendee") that has not reached age of majority (19 years of age) must have a legal parent or guardian sign on their behalf. I, the undersigned ("Signee"), understand and agree with the following conditions concerning attendance and participation at Excalibur Theatre Arts Co. ("ETAC"). Signee understands that injuries and accidents can arise out of the activity; knowing the risk, I hereby agree to assume those risks and to release and to hold harmless ETAC who, through negligence or carelessness, might otherwise be liable to me or my heirs or assigns for damages. Signee does hereby release and forever discharge and hold harmless ETAC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from any liability or claim that the Signee may have against ETAC with respect to any bodily injury, personal injury, illness, death, property damage or property loss that may result from Attendee's activities with ETAC, whether caused by the negligence of ETAC, its members, employees, agents or otherwise. Signee also understands that ETAC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness. It is understood and agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

This agreement is entered into and completed on the date as indicated below.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signee (Parent/Guardian) Signature