Medical Information

Please answer the following questions thoroughly and accurately so we can ensure your child's safety while attending Stardance Performing Arts,

Please list any medical or physical conditions that may hinder your child from participating in certain activities:

Is your child allergic to any medications or topical cream? (For example: Tylenol, Excedrin, Neosporin, etc.

In the event of a minor injury, do you give your consent to Stardance Performing Arts to treat your child?

I understand that Stardance Performing Arts assumes no responsibility for injuries or illnesses, which may be sustained as a result of participation in any program offered by Stardance Performing Arts. Because I am participating in one or more activities at Stardance Performing Arts, I release any and all claims for injury, illness, death, loss, or damage that may occur as a result of participating in its activities. Any health conditions or pre-existing conditions must be addressed at the time of application to avoid any misunderstanding thus; I understand that no medical or accidental insurance is provided with our dance program. I give permission to Stardance Performing Arts without limitation or obligation; photographs, film footage, or tape recordings, which may include me/my child to leave Stardance Performing Arts premises, participate in authorized Stardance Peforming Arts trips, and ride in authorized vehicles for the purpose of transportation in connection with Stardance Performing Arts.

Guardian's Signature:_____Date:_____

Stardance Performing Arts Signature:_____Date:_____