



Medical Information

Student's Name: _____ (please print)

Level: _____ DOB: _____

I, (please print) _____ as parent/guardian, give Sonoran Ballet Academy staff and/or Representatives' permission to administer the following medications to my child if needed:

Acetaminophen (Tylenol) Yes _____ No _____ Ibuprofen (Advil) Yes _____ No _____

Other medications, please list and explain: _____

Are there any other medical conditions or medications Sonoran Ballet Academy should be aware of? (For example: serious drug or other allergies, chronic diseases, injuries, etc.) **Please note:** *This information is requested for the safety of your child and the knowledge of our staff, in case of an emergency. It will otherwise remain confidential.*

Signature of Parent/Guardian: _____ Date: _____

Student Signature (if 18 yrs. +): _____ Date: _____

Medical Release: (print student name) _____

Person(s) to be notified in case of an emergency at Sonoran Ballet Academy (if student is under 18 years of age, please give name and address of parent or guardian). Please print clearly.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

If student is under 18 years of age, a parent or guardian must sign below. The signature is a requirement for your completed registration.

I, as parent or guardian of (student name) _____ hereby, give permission for myself/my child to be transported to a Tucson hospital and treated for an emergency medical problem if one should occur during participation at Sonoran Ballet Academy. I will be contacted in the event of a medical emergency and an appointed representative and/or agent will sign for care only if I cannot be reached within a reasonable time. I hereby authorize medical care under those circumstances.

Signature of Parent/Guardian: _____ Date: _____

Assumption of Risk and Waiver of Liability

I, (please print) _____ wish to participate in classes at Sonoran Ballet Academy. I do so at my own risk realizing that athletic participation can increase the risk of injury and that dance activities have their own unique risk factors.

Sonoran Ballet Academy by allowing me to participate in activities in their facility, assumes no liability or responsibility for any injuries sustained, illnesses contracted or damages incurred to or by me

Signature of Parent/Guardian: _____ Date: _____

Student Signature (if 18 yrs. +): _____ Date: _____

I hereby witness that the applicant or her/his/they/them parent or guardian has read the above policy statement and waiver of liability and has signed them in my presence.

Witness Signature: _____ Date: _____