

Bartelt Dancers Registration Form:

Dancer's Name: _____

(if participant is a minor) Age: _____ Birth date: _____ Grade: _____ School: _____

Medical Conditions: _____ **Allergies:** _____

<u>Class</u>	<u>Day/Time</u>	<u>Cost</u>
1) _____		
2) _____		
3) _____		
4) _____		

Class Total= _____
- Discounts _____
+Reg. Fee _____

Cash, Charge, or Check: _____ Total = _____

Liability Disclaimer: I for myself and/or my minor child /children release and forever discharge and agree to hold harmless Bartelt Dancers and any of its sub-contractors for any liability, claims or demands for personal injuries, sickness, or death, as well as for expenses due to loss or damage to personal property or lost wages. Since dance is a physical activity, injuries may occur. Each student/guardian has the right to decline participation in any activity which they are not comfortable with or which they feel may be harmful. Each student/guardian is fully responsible for any injuries or harm occurring before, during or after a class at Bartelt Dancers. Student/guardian is also responsible for informing instructor(s) of any physical limitation which may prevent full participation in class. It is required that all students be covered by their family's insurance. If injury occurs, it is understood that the student's own policy is the only source of reimbursement. Adult/Guardian must sign below in agreement with all terms of liability disclaimer.

Signature: _____ **Date:** ____ - ____ - ____

(If participant is a minor)

Mother's Name: _____ Occupation: _____

Address: _____ City: _____ Zip Code: _____

Phone (H): _____ Phone (W): _____ Phone (Cell): _____

E-Mail: _____ @ _____

Father's Name: _____ Occupation: _____

Address: _____ City: _____ Zip Code: _____

Phone (H): _____ Phone (W): _____ Phone (Cell): _____

E-Mail: _____ @ _____

(If participant is an adult)

Address: _____ City: _____ Zip Code: _____

Phone (H): _____ Phone (W): _____ Phone (Cell): _____

E-Mail: _____ @ _____

EMERGENCY MEDICAL AUTHORIZATION FORM
Dance Season 2016 - 2017

NOTIFY THE SCHOOL OF ANY CHANGE IN PHONE OR EMERGENCY NUMBERS

Student Name _____ Date of Birth _____
Mothers and Fathers Name (if minor): _____
Address _____ City _____ Zip _____
Phone (H): _____ Phone (W): _____ Phone (Cell): _____

The following is required by section 3313.712 of the Ohio Revised Code.

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Name of Relative or Childcare Provider if parent/guardian cannot be reached: _____

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Relationship: _____

Address _____ City _____ Zip _____

Phone (H): _____ Phone (W): _____ Phone (Cell): _____

PART I OR 11 MUST BE COMPLETED

PART I - (TO GRANT CONSENT)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred physician is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization DOES NOT cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Date _____

Signature of Parent/Guardian/or Participant: _____

PART II - (REFUSAL TO GRANT CONSENT)

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____

Signature of Parent/Guardian/or Participant: _____