

EXTREME BALLROOM COMPANY

EMERGENCY MEDICAL RELEASE FORM 2024-2025

Name of Minor Child :	Team:
Date of Birth:	Phone:
Home Address:	

Parents Day Time Phone:

Emergency Contact Name	Phone:
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I give consent for the above named minor child to participate with the Extreme Ballroom Dance Company during the 2024-2025 year. I understand that there is a risk to any physical activity and will not hold Tim/Staci Huston or Extreme Ballroom Company, or any of their appointed teachers responsible for any injury my minor child/children may incur while participating with the Extreme Ballroom Company in 2024-2025 year.

I understand that at times, he/ she will be traveling in vehicles with designated chaperones. I give my consent and authorization for my minor child/children to travel with designated chaperones to and from any specified activities. I also authorize the supervisors, or teaches to administer emergency or hospital treatment for any accident or illness and to act in my stead in providing any medical or dental care for my minor child/children.

Signature or Parent or Legal Guardian:	Date:

Insurance Information		Medical Information	
Company:		1. Special Diet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number:		2. Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Group Number:		3. Medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		4. Chronic or Recurring Illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		5. Surgery or a serious illness in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to any of the above, please give a full explanation of each in the rows below. If you need additional space, please use the back.

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