



## **Sho'Time Dance Company Release Form**

### **Dancer Information**

Dancer Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dancer Email Address: \_\_\_\_\_

### **Parent Information**

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

### **Insurance/Medical Information**

-Please provide front & back copy of your insurance card for our records.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List Allergies: \_\_\_\_\_

List Medications: \_\_\_\_\_

### **Emergency Contact**

\_\_\_\_\_  
Contact Name Phone Number Relationship

### **Participation Consent**

I hereby consent to have my child participate in the programs offered by Lily Rose, LLC, dba Sho'Time Dance Company. It is hereby agreed that I, my child, my executors, waive and release all rights and claims for damages that I might have at any time against Lily Rose, LLC, dba Sho'time Dance Company and it's representatives for any injuries or damages in connection with the programs or other activities related to Lily Rose, LLC, dba Sho'time Dance Company. I certify that I have medical insurance on my child that will provide coverage while she/he is enrolled.

I confirm that my child is in good health. I authorize simple first aid and consent to any x-ray, exam, and medical or surgical diagnosis that is deemed necessary in case of an emergency.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dancer Signature

\_\_\_\_\_  
Date