



Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Primary Billing Contact:**

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

AUTOPAY:  Please set me up for autopay withdrawn on the 1st  No, I will not be using autopay

**Additional Parent/Guardian Contact:**

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Billing Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Medical Concerns: \_\_\_\_\_

Consent and Certification I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the following activity conducted by Innovative Studios, LLC or The Dance Company. I certify that my child is physically fit and adequately prepared to participate in this event. Medical Treatment Authorization I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider: (stated on form at camp), or another adult chaperone designated by the Innovative Studios manager. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that Innovative Studios, LLC or The Dance Company and instructors of camp will not be responsible for medical expenses incurred solely on the basis of this authorization. I also understand that the designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child. Media Release I authorize staff, contractors, and board members of the Innovative Studios, LLC or The Dance Company to record my image and voice, as well as the right to use the recorded material in print, in presentations, and on the Internet for the purposes of describing their mission, work, and promote Innovative Studios, LLC or The Dance Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_