

Mini / Jr. Elks Performance Dance Team Clinic

Registration & Medical Consent Form

Dancer Name: _____ Age/Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Home Phone: _____ Parent/Guardian Cell: _____

Parent/Guardian Email Address: _____

YOUTH SIZES:

Please Circle T-Shirt Size: **Small Medium Large X-Large**

ADULT SIZE: Small (These shirts run small)

Emergency Contact

Name: _____ Relationship to Dancer: _____ Phone: _____

Health Information

Health Care Clinic: _____ Phone: _____

Insurance Company: _____ Phone: _____

Insurance Policy &/ Group#: _____

Health Concerns: _____

Allergies: _____

Previous Medical Conditions: _____

In case of an emergency, I hereby give my permission to the physician selected by a representative of the ER Performance Team to hospitalize, secure treatment for, and take all necessary measures to maintain her safety and health. I also give permission for her to participate in the **ER Dance Team Clinic - August 25th, 2018** and realize that photos may be taken for publicity and posted on the team website.

Parent's Signature: _____ Date: _____

**Mail form/check to: ERDT Booster Club
18140 Zane St NW
P.O.Box 181
Elk River, MN 55303**

**Please make your check for \$40.00
payable to:**

Elk River Dance Team