

# Princess in the Park Registration & Medical Consent Form

## Dancer Information

Dancer Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

## 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 **Princess in the Park – August 16<sup>th</sup>, 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  
PO Box 181  
Elk River, MN 55330

**Cost:** \$20.00

**Make Check Payable to:**  
Elk River Dance Team