



CAROUSEL
DANCE CENTRE INC.

March Break 2019 Permission & Release

Student Name: _____ Health Card Number: _____

Emergency Contact Information:

Name: _____ Phone: _____ Alt. Phone: _____

Name: _____ Phone: _____ Alt. Phone: _____

Physician's Name: _____ Physician's Phone Number: _____

Health Information: Does your child have any allergies, drug sensitivities or any other medical condition of which the Camp Director should be aware? Yes No

Please Specify:

My child may require the administration of medication during the operating hours of SummerDance. I have filled out and attached the Administration of Medication Form. Yes No

Optional Publicity Consent

I, _____, hereby give permission for my child _____ to participate in any publicity arranged for Carousel PD Day Dance through various media such as website, newspapers, photographs, television, slide presentations, videos and on-line social media.

Date: _____ Parent/Guardian Signature: _____

Permission and Release

I, _____, hereby release and forever discharge the Carousel Dance Centre Inc. and its respective officers, employees, and agents from and against all claims, actions, costs, damages and expenses with respect to damage and/or bodily injury to my child as a result of his or her participation in the said "March Break Program 2019"

I am the legal guardian or custodial parent of the Participant. I hereby give my permission to the Carousel Dance Centre Inc., its officers, directors, servants, employees and agents to provide basic first aid or procure medical treatment of the Participant in case of injury or accident or otherwise by a nurse, doctor, hospital or clinic chosen by the Carousel Dance Centre Inc. and/or its employees, agent. I agree to be responsible for any and all costs associated with such treatment.

Having read and understood the indemnification and release form in its entirety, I declare that I hereby agree to be bound by the terms and conditions. Understanding the terms and conditions of this indemnification and release, I give my consent of the registrant to participate.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Witness Signature: _____