

Ballet Ventura Camp 2010

Medical Information Form

Check the camp child will attend.

Fairy Magic Camp (3½-6 yrs) ___ **Beginning Dance Camp (6-11 yrs.)** ___

Junior Intensive Camp ___

Child's Full Name: _____
Parents' Names: _____
Home Address: _____
Home#: (____) _____ Cell#: (____) _____ Work#: (____) _____
Alternate contact (in the event that you cannot be reached) _____
Alternate contact phone number: (____) _____

Medical History

Known Allergies (drugs, etc. and/or pre-existing condition):

Medication student is taking: _____

Recent Injuries: _____

Chronic Condition: _____

Family Physician: _____ Phone #: (____) _____

I understand that if my child suffers a serious injury or illness while at Ballet Ventura Camp, first aid will be rendered. The camp staff will make an immediate and continued effort to contact the child's parents. If a parent or guardian cannot be reached, the camp staff has my/our permission to take my/our child, _____, to the doctor and/or hospital to be treated as necessary for the injury or illness.

print child's name

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Release of Liability

I agree that I will not hold Ballet Academy Ventura, Ventura County Ballet, Kathleen Noblin, or its contractors liable for any injury or illness that might occur while my/our child, _____, is a student or camper at Ballet Academy Ventura.

print child's name

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian