

		APPLICATION FOR DANCER PARTICIPATION IN YES, YOU CAN DANCE			
				COUNTY	
Male _____ Female _____					
Date of Birth ____/____/____					
Height _____ Weight _____				School or Agency	

Name of Dancer		Day Phone () _____		Evening Phone () _____	
		Mobile () _____		Email _____	
Address			City		State Zip
Parent or Guardian		Day Phone () _____		Evening Phone () _____	
		Mobile () _____		Email _____	
Address			City		State Zip

EMERGENCY INFORMATION

Emergency Contact Person		Day Phone () _____		Evening Phone () _____	
		Mobile () _____		Email _____	
Address			City		State Zip

HEALTH AND ACCIDENT INSURANCE INFORMATION

Company Name	_____
(Athletes without insurance, write NONE) Policy Number	_____

HEALTH INFORMATION
Please Circle Appropriate
Extra Comments - use separate paper or back of form

Down Syndrome	YES	NO	Fainting Spells	YES	NO
Atlantoaxial instability Evaluation by Xray	YES	NO	Heat illness or Cold Injury	YES	NO
(Circle YES for positive, NO for negative and NONE for no XRay available)	NONE		Hernia or Absence of 1 Testicle	YES	NO
			Recent Contagious Disease or Hepatitis	YES	NO
			Kidney problems or loss of function in one kidney	YES	NO
History of:					
Diabetes	YES	NO	Pregnancy	YES	NO
Heart Problems	YES	NO	Bone or Joint problems	YES	NO
Seizures	YES	NO	Contact Lens / Glasses	YES	NO
Legally Blind	YES	NO	Dentures / False Teeth		
Vision problems and/or less than 20/20 vision in one or both eyes	YES	NO	Emotional problems		
Legally Deaf	YES	NO	Special Diet needs		
Hearing Aid / Hearing problems	YES	NO	Asthma		
Requires Wheelchair	YES	NO	High / Low Blood Pressure		
Motor impairment requiring special equipment	YES	NO	Other		
Nonverbal Individual	YES	NO	Blood Pressure _____/_____	Pulse _____	
Bleeding Problem	YES	NO			

MEDICATIONS

Medication Name	Amount	Time	Date Prescribed
Allergies to Medication			

IMMUNIZATIONS

Tetanus	YES	NO	Date of Last Tetanus Shot	Polio	YES	
Signature of Person Who Completed Health Information (Normally signed by Parent, Guardian or Adult Athlete)						
SIGNATURE					DATE	

IF THERE IS ANY SIGNIFICANT CHANGE IN THE ATHLETE'S HEALTH, THE ATHLETE'S CONDITION SHOULD BE REVIEWED BY A PHYSICIAN BEFORE FURTHER PARTICIPATION

MEDICAL CERTIFICATION

CHECK
I have reviewed the above health information and examined the named in the application, and certify there is no medical evidence available to me which would preclude the dancer's participation in Yes, You Can Dance.

THIS CERTIFICATON IS VALID UP TO 3 YEARS

Table with 2 columns: Physician's Name, Phone Number, Address City State Zip, PHYSICIAN'S SIGNATURE, DATE

Doctor's Comments

Three horizontal lines for doctor's comments

HOLD HARMLESS

I acknowledge that by signing this volunteer form I am waiving any right to recourse and agree to hold harmless Yes, You Can Dance, its directors, officers, employees, and agents from damages to property or injuries (including death) to any person(s) and any other losses, damages, expenses, claims, demands, suits, and actions (including attorney's fees) by any other party against Yes, You Can Dance in connection with the above stated volunteer opportunity

RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, _____ am at least 21 years old and have submitted the attached application for participation in Yes, You Can Dance.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Yes, You Can Dance activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Yes, You Can Dance.

Yes, You Can Dance has my permission, both during and anytime after, to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Yes, You Can Dance and/or applying for funds to support those purposes and activities.

If, during my participating in Yes, You Can Dance activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Yes, You Can Dance to take whatever measures are necessary to protect my health and wellbeing, including, if necessary, hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

Signature of Adult Dancer _____
Date ____/____/____

I hereby certify that I have reviewed this release with the dancer whose signature appears above. I am satisfied based on that review that the dancer understands this release and has agreed to its terms.

Name (Print) _____

Relationship to dancer _____

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF A MINOR ATHLETE

I am the parent/guardian of _____, a minor dancer, on whose behalf I have submitted the attached application for participation in Yes, You Can Dance. I hereby represent that the athlete has my permission to participate in Yes, You Can Dance activities.

I further represent and warrant that to the best of my knowledge and belief, the dancer is physically and mentally able to participate in Yes, You Can Dance activities. With my approval, a licensed physician has reviewed the health information set forth in the dancer's participation.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Yes, You Can Dance to use the dancer's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Yes, You Can Dance and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during the athlete's participation in any Yes, You Can Dance activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Yes, You Can Dance, on my behalf, to take whatever measures are necessary to ensure that the dancer is provided with any emergency medical treatment, including hospitalization, which Yes, You Can Dance deems advisable in order to protect the dancer's health and wellbeing.

I am the parent (guardian) of the dancer named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the dancer named above.

I hereby give my permission for the dancer named above to participate in Yes, You Can Dance activities, recreation programs, performances, and physical activities programs.

Signature of parent/guardian _____ Date ____/____/____