



Participant Information

Class(es) _____

NAME: _____ **DATE OF BIRTH:** _____

Address: _____ **Postal Code** _____

Parent or Guardian's Name: _____

Home Phone: _____ **Work Phone:** _____

Email: _____

The Following People Are Allowed to Pick Up My Child:

Doctor's Name and Phone Number _____

Health Card Number _____

Special Medical Information: Allergies, Conditions, etc.

I acknowledge that there is a risk of physical injury when participating in dance, drama, performing arts, gymnastics and fitness activities. I do not have a health condition which would put me at risk when participating in these activities. I acknowledge that there is a physical contact between instructors and participants during class or workouts. The nature of the activity may require physical interaction.

I release Mijka Hooper's DanceMakers, DanceMakers Gymnastics, and/or Bobby Hooper's SportMakers, its instructors and owners, all sponsors and volunteers, of responsibility for injury, damage or loss that my result from my participation in their programs.

Signature of Participant or Parent/Guardian if under 18

Date



Student Identification Consent Form

Please be advised that during the year, your child will be involved in a variety of DanceMakers activities that could result in her/his identification. Some examples of these activities are:

- the media will occasionally be invited into the studio and/or dress rehearsals to photograph, videotape and publicize events such as performances, ballet exams, or accomplishments of dancers or gymnasts. The students names and possibly storyline on their activities could also be published.
- Photographs and names used in performance posters and programs.
- Photographs and names used for advertisement and promotion of DanceMakers and DanceMakers Gymnastics.
- Videotaping of students participating in DanceMakers activities may occur for use in the studio or gymnastics facility as a training aid by staff for student learning.
- Videotaping of all Showcases and Christmas productions will be done by Richard Thomas Communications.

If you have any objections to your child being identified while participating in a DanceMakers program, please contact the studio directly.

If there are no objections to your child being identified while participating in DanceMakers programs, please sign this form and return it to the studio.

I understand that it is my responsibility to keep DanceMakers advised of any change to this consent.

Signature of Parent/ Guardian

Date