Release and Authorization

Madeleine Walker Coastal Ballet Theater LLC

Student_____

Print student's name clearly as it should appear in the performance program.

Age___ Birthdate-Month _____Day____ Year_____School grade___

Address_____

City_____State _____Zip code_____

Home telephone_____Cellular telephone_____

E-Mail address_____

Ballet level_____ Class day_____ Class time _____-_____

Jazz level____ Tap level____ Class day____ Class time ____-___

Mother_____Father_____

Indicated in the space below are any health problems or conditions of which the school should be aware (such as heart, back, medical, allergy, muscular, diabetes, epilepsy, chemical or neurological condition, special medical, knee, kidney, etc.)

I understand the risk of injury is inherent in any physical activity and I, on behalf of my child knowingly and voluntarily accept that risk. I the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release **Madeleine Walker Coastal Ballet Theater LLC** and its staff from any and all claims or damages of any kind arising out of my participation in the exercise or dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program.

I, the undersigned, do hereby authorize **Madeleine Walker Coastal Ballet Theater LLC** or its staff to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. This includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect from the date signed below.

Signature _____Date:_____

Signature _____Date:_____

(If under 18; Parent(s) or Legal Guardian(s) must sign)

Optional information:

Physician: _____Hospital:_____

Insurance Co. and Policy #_____

You must fill out and return this form with the signed Registration Letter, Photography Release and Protocol documents . Thank you.