



Medical Information

Student's Name:

Level:

Date of Birth:

Are there any medical conditions or medications Sonoran Ballet Academy should be aware of ? (For example: serious drug or other allergies, chronic diseases, injuries, etc.)

Please note: *This information is requested for the safety of your child and the knowledge of our staff, in case of an emergency. It will otherwise remain confidential.*

Emergency Contact

Name:

Name:

Relationship:

Relationship:

Address:

Address:

City/State/Zip:

City/State/Zip:

Phone #:

Phone #:

Email:

Email:



Liability Waiver

I, (student name) wish to participate in dance classes/rehearsals/performances at Sonoran Ballet Academy. I do so at my own risk realizing that athletic participation can increase the risk of injury and that dance activities have their own unique risk factors.

Sonoran Ballet Academy by allowing me to participate in activities in their facility, assumes no liability or responsibility for any injuries sustained, illnesses contracted or damages incurred to or by me.

Student Signature (if 18 yrs.+): Date:

Parent/Guardian Signature: Date: