

Level/Period: _____

DR. PHILLIPS HIGH SCHOOL DANCE PARTICIPATION FORM

Dear Parent/Guardian,

The following information is needed by the Dance Department to permit us to be aware of the physical condition of your child in order to make necessary changes in his/her participation, if necessary.

I. GENERAL INFORMATION (PLEASE PRINT)

Name of Student _____ Home/Cell Phone: _____

Address _____ Email: _____

Parent/Guardian Name _____ Home/Cell Phone: _____

Address _____ Email: _____

- Please check here if you are **not** interested in receiving our periodic mailings regarding dance program events and activities.

Name of Alternative Person _____ Relationship _____

Address _____ Email/Cell Phone: _____

Parent Signature (Please sign) _____

II. MEDICAL CONDITIONS, MEDICATIONS AND/OR HISTORY WHICH YOU FEEL MEDICAL PERSONNEL NEED TO BE AWARE OF? (i.e. previous surgeries, chronic conditions, etc.)

III. RESTRICTED PROGRAM (to be completed by a physician ONLY IF there are restrictions)

Name of Student _____

Type of chronic health problem(s) _____

Should not participate in the following type of activities: _____

Physician's Signature _____ Date _____