

**This form MUST be completed and signed  
by the parent or legal guardian of each teenager attending Dance Camp**

# DANCE NEW ENGLAND

## Medical Release and Insurance Information Form

Teen's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Camp Guardian (if applicable) \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_  
Location \_\_\_\_\_ Phone \_\_\_\_\_  
Policy Number \_\_\_\_\_ Name of Subscriber \_\_\_\_\_  
Teen's Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Last Tetanus Shot \_\_\_\_\_

The following people may be reached in an emergency if I can not be reached:

At Camp: Name: \_\_\_\_\_ Phone \_\_\_\_\_ (h) \_\_\_\_\_ (w)  
Name: \_\_\_\_\_ Phone \_\_\_\_\_ (h) \_\_\_\_\_ (w)

I, \_\_\_\_\_, give my permission for any medical treatment to be performed in the event of an emergency providing that I am not available or can not be reached. I understand that Dance New England is not responsible for payment of any medical care given under these circumstances.

### **Please Fill in A or B**

A) I, \_\_\_\_\_, confirm that my child has received a complete health assessment within the last year, is healthy and can participate in all activities.

B) I, \_\_\_\_\_, confirm that my child has received a complete health assessment within the last year and I need to inform the Dance New England and the Teen Program Staff of the following ... limitations, restrictions, allergies, medications, and/or other health, behavior, and/or emotional issues/history:

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Continue on back if needed...

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this form to the Teen Program Coordinator, J'Mae Shemroske, 337 Daniels Rd., Saratoga Springs, NY 12866. This form must be completed and submitted prior to your teen's ability to participate in any Teen Program activities.

Thank you for your understanding and cooperation