

2018 Valley Catholic Winter Dance Clinic

Participant's Name: _____

Current Grade: _____ School: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number #1: _____

Contact Phone Number #2: _____

Email: _____

How did you hear about the dance clinic? _____

Medical Consent and Release of Liability

We, the undersigned parents or guardians, hereby grant permission for our child _____ to participate in the Valley Catholic Winter Dance Clinic for Kids. In consideration of being permitted to use the facilities, I hereby release said Valley Catholic School and its trustees, administrators, and employees from any and all liability for any damage or injury that any participant or my child may receive while on the premises of said school, both as to any right of action that may accrue to myself, my heirs and personal representative. This release includes all claims, demands, rights, and causes of whatsoever kind of nature arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, that hereafter may be sustained. It is further understood and agreed that I hereby authorize Valley Catholic Winter Dance Clinic for Kids and its employees to secure the necessary services for my child in the event of an accident or illness. Futher, I will be solely responsible for the payment of those services.

Parent/Guardian Signature: _____

Please list any pertinent illnesses/allergies: _____
