

Birthday Party Participant Registration

Student's Name: _____ Age: _____ Birthday: _____

Address: _____

Contact Name: _____ Cell Phone: _____ Email: _____

Medical Limitations

Asthma Yes ___ No ___ Weak Limbs Yes ___ No ___

Back Trouble Yes ___ No ___ Scoliosis Yes ___ No ___

Weak Joints Yes ___ No ___ Heart Condition Yes ___ No ___

Please list any allergies or other medical limitations:

Any limitation in ability to participate due to a medical condition must be noted on this form as designated "Medical Limitation" above. Failure to note such a condition is warranty by the parent that such a condition does not exist.

Release: I hereby release valley dance theatre, llc. and its employees or contractees from any and all liability. I understand that my child and/or I will be participating in a physical activity and, as such, I realize that there is an element of risk involved. I allow valley dance theatre. llc. to take photos/videos of my child which may be used for publication.

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