

# **Miss Dance Team Minnesota**

## **Medical Consent Form**

Presented by: Just For Kix & Dance Etc.

P.O. Box 724 • Brainerd, MN 56401 • 888-535-3262 • [missdanceteammn@hotmail.com](mailto:missdanceteammn@hotmail.com)

Please have this form completed and signed by a parent or legal guardian. Please return with the application and application fee(s).

If, in the judgment of any representative of Just For Kix and the Miss Dance Team MN staff, the below student should need immediate care and treatment as a result of injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician.

Dancer name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: ( ) \_\_\_\_\_-\_\_\_\_\_ Parent's work #: ( ) \_\_\_\_\_-\_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_-\_\_\_\_\_

Relationship to dancer: \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_-\_\_\_\_\_

Policy #: \_\_\_\_\_

Is the insurance through a parent's employer?  Yes  No

Employer: \_\_\_\_\_

I, parent or guardian of the above named dancer, hereby give approval, for participation in the Miss Dance Team MN Pageant. I assume all risks and hazards incidental to such participation; and do hereby waive, release, absolve, indemnify, and agree to hold harmless Just For Kix, Miss Dance Team MN, its employees, its owners, instructors, organizers, supervisors, sponsors, and participants.

Parent/Guardian signature: \_\_\_\_\_ date: \_\_\_\_\_

**Mail To: Miss Dance Team MN registration**  
**P.O. Box 724 Brainerd, MN 56401**