

Team Name: _____

Camp Attending: _____

PLEASE DISTRIBUTE MEDICAL FORMS TO EACH DANCER THAT IS ATTENDING CAMP. HAVE IT COMPLETED AND SIGNED BY THE PARENTS OR LEGAL GUARDIAN. **PLEASE BRING THE COMPLETED FORMS TO INTENSIVE.** THANKS!

• MEDICAL CONSENT FORM •

If, in the judgement of any representative of the Just For Kix Intensive, the below student should need immediate care and treatment as a result of any 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: _____ Date of Birth _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Please note, your e-mail will be added to our database to notify you of special catalog offers, discounts, tips and updates, as well as current/upcoming events offered by Just For Kix. We WILL NOT share your e-mail address with any other company.

Grade Next Fall: _____ Number of years you have attended JFK Camp (including this year): _____

Allergies or allergic reaction to medication? _____

Do you have any previous medical condition? _____

Home Phone # () _____ - _____ Parent's Work # () _____ - _____

Parent's Cell Phone # () _____ - _____

Name of friend or relative: _____

Phone # () _____ - _____ Work # () _____ - _____

Relationship to dancer: _____

Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company City: _____ State: _____ Zip Code: _____

Insurance Company Phone # () _____ - _____

Insurance Company Policy #: _____ Group #: _____

Is this insurance through an employer? Yes No

Employer: _____

Parent's Name: _____

Parent's Address: _____

City: _____ State: _____ Zip Code: _____

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

Parent or Guardian Signature: _____ Date: _____

Refund Notice: If at least a ten day notice is given to our central office, students may receive a refund of their camp tuition, less the \$100.00 deposit.