

Dancer Personal Data/Medical Form

Just For Kix Youth Programs

Dancer Information

FIRST NAME LAST NAME
 ADDRESS
 CITY STATE ZIP
 DATE OF BIRTH - - SCHOOL
 HOME PHONE - - CELL PHONE - -

****IMPORTANT - EMAIL ADDRESS REQUIRED - This is our primary source of communication. We will not share your information.****

Parental Information

PARENT PRIMARY EMAIL ADDRESS
 PARENT SECONDARY EMAIL ADDRESS
 MOTHERS FIRST NAME LAST NAME
 WORK PHONE - - CELL PHONE - -
 FATHERS FIRST NAME LAST NAME
 WORK PHONE - - CELL PHONE - -

DO YOU HAVE A SIBLING IN JFK? IF YES PLEASE LIST THEIR NAME:

Emergency Contact Information

FIRST NAME LAST NAME
 RELATIONSHIP
 HOME PHONE - - CELL PHONE - -

Medical Information

If, in the judgement of any representative of Just For Kix, the above dancer 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 dancer by any physician.

LIST ANY MEDICATIONS THAT YOU ARE CURRENTLY TAKING _____
 ARE YOU CURRENTLY UNDER A PHYSICIANS CARE YES NO PLEASE LIST ANY DRUG ALLERGIES _____
 DO YOU HAVE (OR HAVE YOU HAD) ANY OF THE FOLLOWING
 ASTHMA OR LUNG DISEASE EPILEPSY DIABETES
 KIDNEY DISEASE HEART CONDITION FAINTING SPELLS OR DIZZINESS
 RHEUMATIC FEVER MENTAL ILLNESS OTHER _____
 PLEASE EXPLAIN OTHER _____
 FOR YOUR SAFETY PLEASE NOTE BELOW ANY HEALTH CONCERNS NOT LISTED ABOVE THAT MAY BE IMPORTANT FOR STAFF TO KNOW.

Release Waiver

I, the parent or guardian of the above named dancer, hereby give approval for participation in the Just For Kix Dance Team program and events. I assume all risks and hazards incidental to such participation, including transportation to and from the activities; and do hereby waive, release, absolve and agree to hold harmless Just For Kix, it's Directors, Instructors, organizers, sponsors, supervisors, participants and owners.

PARENT OR GUARDIAN SIGNATURE _____ DATE - -

Check Line & Enter Information for the Classes You Would Like To Register For.

Class	(X)	Grade	Day Of Class	Time of Class	Instructor
Core Kick					
Jazz					
Tap					
Ballet					
Hip Hop					
Lyrical					
Adult					
Other					

