



Registration Form

Due by Friday, October 1st

Dancer's Name: _____

Age: _____ Grade: _____

School: _____

Parent Email: _____ Parent Cell# _____

MHS YOUTH DANCE CLINIC T SHIRT (Please circle your child's size):

YOUTH SIZE: S 6-8 M 10-12 L 14-16 XL **ADULTS SIZE** S M L XL

I understand and acknowledge that as provided in part of Education Code 35330, I waive ad forever release and discharge the Long Beach Unified School District, the Board of Education and its officers, employees and agents from all liability claims loss, cost or expense arising from or attributable to the above identified activity. To the best of my knowledge, my child has no physical condition, which would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other student's health.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date _____

Medical Authorization Should my child need to have medical treatment while participating in this activity, I hereby give the school district personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and therefore, any costs incurred for such treatment shall by my sole responsibility.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature _____

Date _____

Emergency Information:

Home phone _____ Cell Phone _____

Home address _____

Doctor _____ Number _____

Allergies _____
