

**GO FOR IT
DANCE AND DRILL CAMP
EMERGENCY INFORMATION
&
INSURANCE VERIFICATION AND WAIVER FORM**

(Please print or type)

STUDENT'S NAME _____

SCHOOL OR STUDIO NAME _____

PARENT'S NAME _____

PARENT'S ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ MOTHER'S WORK PHONE _____

FATHER'S WORK PHONE _____

Email Address: _____

IF PARENTS CANNOT BE REACHED PLEASE NAME ANOTHER RESPONSIBLE PERSON TO CONTACT.

NAME _____ PHONE _____

DOES THE STUDENT TAKING THE WORKSHOP HAVE ANY SPECIAL HEALTH PROBLEMS WHICH REQUIRE SPECIAL CONSIDERATION?

_____ YES _____ NO IF YES PLEASE EXPLAIN _____

FAMILY PHYSICIAN _____ PHONE _____

INSURANCE COMPANY _____

POLICY NUMBER _____

THE GO FOR IT WORKSHOP DOES NOT CARRY AN ACCIDENT OR HEALTH INSURANCE POLICY ON PARTICIPANTS. A PARTICIPANT'S PARENT OR LEGAL GUARDIAN IS RESPONSIBLE FOR COSTS INCURRED AS A RESULT OF AN ACCIDENT OR INJURY. PARTICIPANTS AT THE WORKSHOP MAY BE INVOLVED IN STRENUOUS PHYSICAL ACTIVITY. GO FOR IT, DIRECTORS AND TEACHERS WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR AN ACCIDENT OR INJURY TO A PARTICIPANT.

"The information I have provided on this form is true and I have read and understand the additional information provided on this form. I accept financial responsibility for all accident or injury related costs which are not covered by my health and or accident insurance. I will also allow any pictures or video of my student taken at camp to be used for Go For It promotional purposes.

STUDENT'S SIGNATURE

PARENT OR GUARDIAN SIGNATURE

DATE