



Medical Release Form

****Dancers will not be permitted to participate until this form has been returned.****

Participant Name: _____ Today's Date: _____

Parent / Guardian (s): _____

Any allergies to medicine? If so, please list: _____

Any medical conditions that instructors should be aware of? If so, please describe: _____

Emergency Contact:

Name: _____ phone #: _____

Relation to Junior Dancer: _____

Medical insurance coverage is required to participate.

Yes, my child has insurance coverage. _____ (initial)

Insurance company: _____ Policy #: _____

I hereby authorize any medical treatment which may be advised or recommended.

Parent/ guardian signature: _____ Date: _____

Please mail completed form with your application to:

**DND Juniors Program
Attn: Christina Hengst
1000 Chopper Circle
Denver, CO 80206**