

DANCER PERSONAL DATA/MEDICAL FORM

Circle Class: Teeny Kix Tiny Kix Pre Petites Wee Petites Wee Kix **FORM #114**
Mini Kix Middle Kix Junior Kix Senior Kix JAZZ

Class Location or Time: _____

Class Day: Monday Tuesday Wednesday Thursday Friday Saturday

Dancer's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Parent E-Mail Address: _____

**Please note, your e.mail info may 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 personal info with any other company.

School: _____ Grade: _____

Mother's Name: _____ Work Phone: () _____

Father's Name: _____ Work Phone: () _____

If you have a sibling in the program, please list their name and grade:

How did you hear about JFK?

Do you need a uniform: NO
 YES *purchasing new*
 YES *looking for used*

IF YES: Try-on uniform size: _____ Pant Size: _____ Street shoe size: _____ Tight Size: _____ Ballet shoe size: _____
--

If parents/guardians cannot be located, who should be contacted in case of an emergency?

Name: _____ Phone: () _____

Name: _____ Phone: () _____

MEDICAL INFORMATION: If, in the judgement of any representative of Just For Kix, the below 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.

- Do you have Allergies or allergic reactions to medications? _____
- Do you have a previous medical condition(s) or physical/emotional problems that we should be aware of? _____

- Insurance Company Name _____
- Insurance Company Address _____
- Insurance Company Phone _____
- Policy # _____ Group # _____
- If insurance is issued through an employer please list employee's full name and employer's name and address: _____

RELEASE WAIVER: I, 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, indemnify and agree to hold harmless Just For Kix, it's Directors, Instructors, organizers, sponsors, supervisors, participants and owners.

Parent or Guardian's Signature

Date