

# PROVIDENCE CREEK BALLET THEATER 2019-2020

## DANCER INFORMATION

Name \_\_\_\_\_ Class(es) enrolling in \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female School \_\_\_\_\_  
Grade \_\_\_\_\_ PCA Teacher \_\_\_\_\_ Previous dance experience: \_\_\_\_\_  
How did you hear about PCBT? \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION \*Please indicate primary phone and email\*

Guardian's Name (1) \_\_\_\_\_ Email Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Guardian's Name (2) \_\_\_\_\_ Email Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## EMERGENCY INFORMATION

Emergency Contact Name (not mother or father) \_\_\_\_\_  
Relation to Student \_\_\_\_\_ Phone #: \_\_\_\_\_  
Names of individuals who may pick up your child after showing photo ID:  
\_\_\_\_\_

## POLICIES

Your signature below acknowledges: 1. You agree to abide by the policies listed in the Providence Creek Ballet Theater (PCBT) Handbook and 2. You allow PCBT to post, use, and/or release any photographs and/or videos for promotional, educational, and/or social media purposes indefinitely.

## MEDICAL INFORMATION

List any and all medical condition(s):  
\_\_\_\_\_

Please note below if your child has any medicines in the PCA nurse's office:  
\_\_\_\_\_

**In the case of emergency, I authorize PCA/PCBT staff to administer medical treatment until parents/guardian and/or 911 medical responders arrive.**

I affirm the Policies and Medical Information stated above.

Dancer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Providence Creek Academy Charter School

## PARENT'S OR GUARDIAN'S AGREEMENT OF WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

To be signed by adults if the participant is under 18 years of age.

### Acknowledgement and Assumption of Risk

The undersigned parent and/or legal guardian does hereby acknowledge he/she is aware of the dangers and the risks to the participant's person and property involved in participating in:

#### Providence Creek Ballet Theater's 2018-2019 Season

The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant. We also understand that there are potential risks of which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian and participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in the activity.

The undersigned parent and/or legal guardian and participant understand that the School does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the School has no responsibility or liability for injury resulting from this activity.

**The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.**

### Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate on the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

- a. **waives, releases, and discharges the School** and its agencies, officers, and employees from any and all liability of the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the activity or event; and
- b. **defend, indemnify, and hold harmless the School**, and its agencies, officers, and employees from and against any and all claims of any nature including all costs, expenses, and attorney's fees, which in any manner result from participant's actions during this activity or event.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and / or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of the participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

### READ BEFORE SIGNING

Name of Minor: \_\_\_\_\_ Age of Minor: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by the Board of Directors May 23, 2017