

# INTERNATIONAL CITY SCHOOL OF BALLET

REGISTRATION 2009-2010

|                            |                            |
|----------------------------|----------------------------|
| Child's Name               | Date of Birth              |
| Parent's/Guardian's Name   | Parent/ Guardian Name      |
| Home Phone      Work Phone | Home Phone      Work Phone |
| Cell Phone Number          | Cell Phone Number          |
| Email Address              | Email Address              |
| Address                    | Address                    |
| City, State Zip Code       | City, State Zip Code       |

## ALTERNATE EMERGENCY CONTACTS

|                            |                             |
|----------------------------|-----------------------------|
| Primary Emergency Contact  | Secondary Emergency Contact |
| Home Phone      Work Phone | Home Phone      Work Phone  |
| Cell Phone Number          | Cell Phone Number           |
| Address                    | Address                     |
| City, State Zip Code       | City, State Zip Code        |

## MEDICAL INFORMATION

|                                     |               |
|-------------------------------------|---------------|
| Physician's Name                    | Phone Number  |
| Insurance Company                   | Policy Number |
| Allergies/Special Health Conditions |               |

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature