

PLEASE PRINT

JAZZ ON TAP ON TOUR EMERGENCY AUTHORIZATION AND CONTACT FORM

Name \_\_\_\_\_  
Last First Middle Called

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Female  Male

Name of Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Other phone \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications taken: \_\_\_\_\_  
Wears:  Braces  Contacts  Glasses Most recent tetanus shot: \_\_\_\_\_  
List all pertinent medical information (i.e. heart trouble, diabetes, epilepsy, food allergies, etc.) \_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Policy Holder's  
Provider \_\_\_\_\_ Name \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Effective Dates \_\_\_\_\_

COMPLETE WITH NOTARY:

I, the undersigned, recognize and understand the risks of physical injury inherent to dance and dance training and I fully assume those risks. I hereby release DanceFest, Inc., Jazz On Tap On Tour, Joel Ruminer Dance Camps and their officers, agents and employees from all liability for injuries sustained or illnesses contracted by me or my child while attending or participating in Jazz On Tap On Tour. I agree to indemnify, defend and hold harmless DanceFest, Inc, Jazz On Tap On Tour, Joel Ruminer Dance Camps and their officers, agents and employees for liabilities, costs and judgments arising from acts or omissions committed by me or my child which result in injury or damage to any person or property.

I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in Jazz On Tap On Tour. I hereby release DanceFest, Inc., Jazz On Tap On Tour, Joel Ruminer Dance Camps and their officers, agents and employees from all liability for loss or damage to my personal property or my child's while attending or participating in Jazz On Tap On Tour. I also agree to abide by any rules, regulations and policies set forth by Jazz On Tap On Tour.

In case of illness, injury or medical emergency, I hereby authorize Jazz On Tap On Tour to make necessary arrangements to transport me or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. I understand that Jazz On Tap On Tour will attempt to notify the contacts listed above as soon as possible.

Participant -or- Parent/Legal Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ to certify which witness my hand and seal of office.

Notary Public in and for the State of \_\_\_\_\_ County \_\_\_\_\_

PLACE SEAL HERE

My commission expires \_\_\_\_\_ Signature of Notary \_\_\_\_\_