



Studio West Dance Center

ADULT CONTACT/EMERGENCY FORM

Class Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Number of Years of Dance Experience \_\_\_\_\_ \*no prior experience required, used for placement only

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ home \_\_\_\_\_ wk \_\_\_\_\_ cell

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the following person(s) to be contacted in case of an emergency while I am at the Dance Center.

Primary Emergency Contact Information:

1. \_\_\_\_\_  
Name(s) Address Zip

Home Phone Work Phone Cell Phone Email Address

Alternate Emergency Contact Information (optional, in case we cannot reach your primary contact above):

2. \_\_\_\_\_  
Name(s) Home Phone Work Phone Cell Phone

Medical Information:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Health Concerns, Allergies, and/or Other Conditions that SWDC should be made aware of:

\_\_\_\_\_  
\_\_\_\_\_

I hereby grant permission to Studio West Dance Center to authorize and obtain medical care from any licensed physician, emergency medical technician, hospital or medical clinic should I, the class participant, \_\_\_\_\_ (name), become ill or injured while under the Center's care. The Center will make every attempt to contact the emergency contact(s) above FIRST in the event of an emergency.

Adult Signature: \_\_\_\_\_ Date \_\_\_\_\_