

Child's Name _____ **DOB** _____

Emergency Contacts

Name: _____ Relation: _____

Home phone: _____ Work phone: _____

Name: _____ Relation: _____

Home phone: _____ Work phone: _____

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Health Insurance Information

Insurance company: _____ Policy #: _____

Insurance company phone number: _____

Medical Doctor: _____ Phone number: _____

Swimming Ability

Non-swimmer

* Does your child have a life vest that you would like him / her to wear? YES / NO

Beginner (capable of swimming for several minutes in shallow water)

Moderate (capable of swimming several minutes in deep water)

Advanced (capable of swimming long distances)

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant(s), hereby grant authorization to Pineapple Dance, and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither Pineapple Dance nor any of its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

INFORMED CONSENT AND WAIVER/RELEASE

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this application in consideration of the request and permission of my son(s)/daughter(s) to participate in the Pineapple Dance programs, including, but not limited to the specified dance camps, transportation to/from the Mill River Recreation Area, and swimming in the Mill River Recreation Area swimming pools, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge Pineapple Dance, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, and a variety of strenuous exercise, vigorous physical activities and/or running, directly or indirectly from my son's/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Pineapple Dance, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son(s)/daughter(s), heirs, executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the activities conducted by Pineapple Dance during this summer camp, including, but not limited to paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that to the best of my knowledge, my son(s)/daughter(s) listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in any Pineapple Dance program.

I have read and understood, and I agree with the informed consent and waiver/release, emergency medical authorization outlined above as it relates to my son(s)/daughter(s).

Parent or guardian signature _____

Date _____