



Parent Permission/Transportation/Medical Release Form

I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_, give her/him permission to attend and participate in activities sponsored by DanzArts, 2650 Truxtun Road, Studio 201, San Diego, CA 92106, (619) 846-9272.

\_\_\_\_\_ I authorize the adult in whose care the minor has been entrusted, to consent to an x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization.

\_\_\_\_\_ I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted to while attending and participating in this event.

\_\_\_\_\_ I understand the general guidelines of behavior: that the participant must respect and obey the instructions of the adults in charge and that NO alcohol, illegal drugs, or sexual misconduct will be permitted at the event.

\_\_\_\_\_ I assume all transportation costs for the youth if problems occur during this event. I will take no civil action or legal action against the adults in charge of the events of DanzArts for standard care of the minor in their charge.

First and Last Name of MINOR: \_\_\_\_\_

Circle one: Male/Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Minor's Cell Number: (\_\_\_\_\_) \_\_\_\_\_ Parent Phone #: (\_\_\_\_\_) \_\_\_\_\_

First and Last Name of PARENT: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any medical conditions that we need to be aware of (physical, emotional, behavioral disorders):

\_\_\_\_\_

List ALL Allergies (food, medication, etc.): \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

The undersigned represents to DanzArts, that he/she is a natural parent or legal guardian of the above-named minor child and the undersigned does hereby consent to such minor child taking part in activities, with the full understanding that insofar as such activity might involve travel and mingling with other individuals, groups and organizations.

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

\_\_\_\_\_  
**Date**



Dorothea Laub Dance Place  
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San Diego, CA 92106