

**McLean Community Center**  
**FALL 2017**  
**PARTICIPANT INFORMATION**



**Student's Information**

Student Name _____	Date of Birth _____ / _____ / _____	Age _____
Street Address _____		
City, State, Zip _____	Email Address _____	
Home Phone _____	Cell Phone _____	
Mother's Name (for students under age 18) _____	Mother's Work Phone _____	
Father's Name (for students under age 18) _____	Father's Work Phone _____	

**Emergency Contact Information**

Emergency Contact Name _____	Relationship To Child _____
Emergency Contact Home Phone _____	Cell Phone _____

**Medical Information**

Allergies? Please List: _____
Symptoms of Allergic Reactions: _____
Known Medical Conditions? Please List: _____
Medications Taken Regularly: _____
Disabilities? Please List: _____

**Schedule**

<b>Joy of Dance Class:</b>	<b>Day &amp; Time</b>
_____	_____
_____	_____

**Photo Release:** (please initial here) \_\_\_\_\_

The JOD staff may take photographs or videos of students, individually or in groups, attending or taking part in classes, programs and events. These photographs or videos may appear in publications, on our website or in other publicity. Students and/or participants consent to having their photograph taken or such videos shown and used for such purposes. If you do not wish for you or your child to be photographed or video taped, you must notify the JOD office in writing to that effect.

**Please read and sign the statement below.**

I recognize the risks of accident inherent in any exercise, dance or gymnastics program. I waive, release, and hold harmless Joy of Dance, LLC, Marilyn Baird, her heirs, assigns, instructors, employees and/or independent contractors, McLean Community Center, its Board officers, employees and agents, the County of Fairfax, its Board officers, employees and agents from any liability for injury, damage, liability, or claims arising from my child's participation in these classes. My child is in good physical condition and has no reason for NOT participating in this program.

→ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*PLEASE RETURN THIS FORM, COMPLETED AND SIGNED, TO YOUR INSTRUCTOR ON THE NEXT DAY OF CLASS.\***