McLean Community Center WINTER/SPRING 2019





PARTICIPANT INFORMATION

Stuc	dent'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	
Emergend	cy Contact Information	
Emergency Contact Name	Relationship To Child	
Emergency Contact Home Phone	Cell Phone	
Med	dical Information	
Allergies? Please List:		
Symptoms of Allergic Reactions:		
Known Medical Conditions? Please List:		
Medications Taken Regularly:		
Disabilities? Please List:		
-	Schedule	
Joy of Dance Class:	Day & Time	
Photo Release: (please initial here) The JOD staff may take photographs or videos of stud and events. These photographs or videos may appear in pants consent to having their photograph taken or suc your child to be photographed or video taped, you mu Please read and sign the statement below. I recognize the risks of accident inherent in any exerce Dance, LLC, Marilyn Baird, her heirs, assigns, instructed its Board officers, employees and agents, the County injury, damage, liability, or claims arising from my child has no reason for NOT participating in this program.	n publications, on our website or in or h videos shown and used for such pu- ist notify the JOD office in writing to cise, dance or gymnastics program. I prs, employees and/or independent of of Fairfax, its Board officers, employer's participation in these classes. My	ther publicity. Students and/or partici- rposes. If you do not wish for you or that effect. waive, release, and hold harmless Joy of ontractors, McLean Community Center, ees and agents from any liability for
PARENT/GUARDIAN SIGNATURE		DATE