

Dance Festival 2014
Believe. Stand. Shine.

Parent or Guardian Permission and Medical Release

Participant: _____ Male/Female T-Shirt Size: Youth L XL Adult S M L XL(male sizes)

Ward: _____ Stake: _____

Birth Date (MM/DD/YY): _____ Class (Beehive, Priest, etc.): _____ School Grade: _____

Phone: _____ Email: _____

Address: _____

Parent/Guardian: _____ Daytime Phone: _____ Cell Phone: _____

Parent/Guardian: _____ Daytime Phone: _____ Cell Phone: _____

In case of an emergency, please call: _____

Medical Information

Are there any medical issues that we should be aware of? _____

Current Medications: _____

Doctor: _____ Phone: _____

Insurance Carrier: _____

Policy Number: _____ Policy Holder: _____

Dance Festival Guidelines

Follow standards as outlined in the "For the Strength of Youth" Pamphlet
Be dependable.

Attend rehearsals as scheduled.

Parent will support their youth by:

- **Providing positive support**
- **Getting you son/daughter to rehearsals as scheduled by stake/ward**
- **Completing their child's costume**

Participant Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

By signing this form, parents acknowledge that they are responsible for the completion of their child's costume.

In consideration of the participating of the above child in the aforementioned activities, I (we) waive and release any and all rights and claims for the losses and damages that my (our) child may have against The Church of Jesus Christ of Latter-day Saints arising in any way from (the said) participation (of our child). This release shall be binding upon our representatives, successors and assignees.

In the event that I (my child) may require emergency medical treatment while participating in the festival, I hereby authorize (my said child) to receive all necessary emergency medical treatment as may be required.

If you wish a specific hospital be used, please note in the space _____

FORM DUE BY JANUARY 19, 2014