



Kaleidoscope

Student Info. Card 2008-2009

Student's Name: _____

Last

First

Contact Phone number

Age

DOB

M / F

Sex:

Grade

School

Mailing Address/ P.O. Box

City/Town

Zip

Home Address

City/Town

Zip

E-Mail

Insurance Carrier

Identification Number

Previous dance or gymnastics experience, studio and years _____

Mother /Guardian

Relationship to child

Address

()
Phone

()
Cell Phone

()
Work

Occupation

Father/Guardian

Relationship to child

Address

()
Phone

()
Cell Phone

()
Work

Occupation

How did you hear about KODG?

____ Returning student ____ Sibling of current student ____ Newspaper (please name) _____
____ Birthday Party ____ KODG website ____ Friend (name) _____ Other _____

Emergency Information

Emergency contact: _____ Relationship to child _____ Phone: _____

Health Complications or Disabilities? If yes, please explain _____

Please list any allergies of importance including allergy to medications _____

Medications your child presently takes _____

(Circle) Allergic to: **Bees** Yes / No, **Peanut Butter** Yes / No **Asthma** Yes / NO If yes, please explain treatment _____

Please attach a separate piece of paper if needed.

Appreciation of Risk:

Participation in gymnastics, dance, cheerleading, or any other activities at Kaleidoscope of Dance and Gymnastics Inc., may involve motion, rotation and height in a unique environment and as such carries with it a reasonable assumption of risk. Catastrophic injury, paralysis, and even death can result from improper conduct of gymnastics, dance, cheerleading, or other activities not stated. Appreciate this WARNING as well as the fact that, even under the best conditions, participation in gymnastics, dance, cheerleading, and all other activities not stated, involve inherent risk on the part of the performer. The undersigned certify that the inherent risks of gymnastics, dance, cheerleading, and all other activities of participation are adequately appreciated and that said participation is done on a strictly voluntary basis. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by KODG rules. My child and I both agree that he or she is familiar with these rules and will obey them.

I authorize the necessary steps regarding medical attention (i.e. first aid, calling ambulance service or transportation to be admitted to the hospital) and will allow authorized hospital faculty and staff to treat my child as conditions warrant.

I hereby release Kaleidoscope of Dance and Gymnastics Inc., its officers, employees, and agents from any and all liability, claims, demands, controversies, damages, actions and causes of action which may occur by reason of injury, death loss of services or consortium, property damage and any and all other loss and damages of any kind and nature sustained by or resulting in the undersigned from the use of said equipment and facilities. This release shall bind the undersigned, their heirs, administrators and assigns.

Media Release: I understand that Kaleidoscope of Dance and Gymnastics Inc., retains the right to use any photographs, videotapes, motion picture recordings, or any other record of this event for the school's website, publicity, advertising, or any legitimate purpose. My signature confirms that I understand and agree that my child's picture may be used on publicly accessible areas including the KODG website.

I have fully read, understand, and agree to the terms of the above, and have given all important (attach additional if necessary) information pertaining to my child.

Signature Parent / Guardian

Printed Name Parent / Guardian

Date

