



Emergency Card

Dancer Name: _____ DOB: _____

Dancer Cell: _____ Email: _____

Address: _____ Phone: _____

Parent/Guardian Information:

Name: _____ Relationship: _____

Email: _____ Cell #: _____

Alternate Contact: _____ Phone #: _____

Past Medical History (any prior injuries, surgeries, etc.)

Medications - List any taken and how often

Please list any allergies and protocol

Do you agree to have your dancer's photo taken and used for Dancers inC promotion:

YES

NO

Signature (must be over 18): _____ Date: _____