

New Smyrna Beach High School Showdoll Dance Team Medical Release

Dance Team Medical Release Form to be turned in prior to tryouts

Student's Name: _____

School: _____ Grade: _____

I certify that _____ is physically capable and able to fulfill requirements needed to be a dance team member. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my daughter in the event of illness or injury during any squad related activity when either parent cannot be reached. If there is any physical or medical reason why she should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during Dance Team.

Parent(s) Signature: _____ Date: _____

Parent Contact Information

Home Phone: _____

Business Phone: _____

Person to be notified other than parent or guardian in an emergency:

Name: _____

Phone: _____

Relation to Student: _____

Family Doctor: _____

Phone: _____