



# DANCEBERMUDA 2010 STUDENT INFORMATION FORM

NATIONAL DANCE FOUNDATION

Please print clearly

Student's First Name \_\_\_\_\_ Student's Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_ Age as of August 3, 2010 \_\_\_\_ Gender \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ *(program updates will be sent to this email address)*

### **PARENT/GUARDIAN INFORMATION:**

Mother's/Guardian's Name \_\_\_\_\_

Telephone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Telephone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

### **Emergency Notification**

(other than Mother or Father, include relationship) \_\_\_\_\_

Telephone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

### **DanceBermuda 2010 T-shirt size – please *CIRCLE* your child's size:**

Youth:                                      Small 6-8                                      Medium 10-12                                      Large 12-14                                      X Large 14-16

Ladies:                      X Small 30-32                      Small 32-34                      Medium 36-38                      Large 40-42                      X Large 44-46

Men's:                                      Small 34-36                                      Medium 38-40                                      Large 42-44                                      X Large 46-48

#### FOR OFFICE USE ONLY

\_\_\_\_ DB                      \_\_\_\_ RYB                      \_\_\_\_ RN                      \_\_\_\_ DP                      \_\_\_\_ PIF                      \_\_\_\_ S/SA  
\_\_\_\_ YDP                      \_\_\_\_ RN                      \_\_\_\_ DP                      \_\_\_\_ PIF                      \_\_\_\_ S/SA

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NATIONAL DANCE FOUNDATION  
OF BERMUDA

**CONSENT TO TREATMENT OF MINOR CHILD**

I, being the parent or legal guardian, hereby authorize DANCEBERMUDA to have my child seen by a physician and/or taken to the hospital when deemed necessary.

Student's Name \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

I, being the parent or legal guardian, hereby authorize DANCEBERMUDA to have my child seen by a physiotherapist when deemed necessary.

Student's Name \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Group Number \_\_\_\_\_ Certificate Number \_\_\_\_\_

\*\*\*PLEASE INCLUDE A COPY OF BOTH SIDES OF THE INSURANCE CARD \*\*\*

**I have read the DANCEBERMUDA Code of Conduct and Consent, Indemnification and Release forms thoroughly and I understand the policies as outlined therein. I certify that I am in good health and capable of participating in all activities and classes. I fully understand that the use of illegal substances, in any form, will result in immediate dismissal with no tuition refund. I agree to abide by all outlined in the DANCEBERMUDA Code of Conduct I understand that failure to comply with these terms may result dismissal from the programme, without refund of tuition, room, or board.**

**DANCEBERMUDA has my permission to use any film or still photography taken of me for promotional purposes for the DANCEBERMUDA programme.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (if student under 18) \_\_\_\_\_ Date \_\_\_\_\_