

Pat Barton Dance Studio

Medical Information Form

Dancer Name: _____

Do we have permission to seek medical attention for your child in the event of an emergency?

Sign Here: _____

Doctor: _____ Phone: _____

Hospital: _____ Phone: _____

Please list any medical or physical impairments we may need to know about:

I do not hold Pat Barton Dance Studio responsible for any injury that may occur while my child is participating in or enrolled in classes at Pat Barton Dance Studio. I am registering my child in classes at Pat Barton Dance Studio at my own discretion.

Sign Here: _____