

Hanken School of Dance

1362 SR 60 East, Orange Grove Shopping Center
Lake Wales, FL 33853 (863) 676-8208
MsHSOD@aol.com

Consent Form

Student's Name: _____ DOB ____/____/____
Last First

Address: _____

Guardian: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contacts

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Doctor: _____ Phone: _____

Address or Clinic Name: _____

Allergies: _____

Other: _____

Date of last tetanus shot: _____

Insurance Company: _____ Phone: _____

Group # _____ Policy # _____

I, _____, the participant or the Guardian of the named participant in the Hanken School of Dance, do hereby agree not to hold the Hanken School of Dance, it's Owner, or heirs, responsible for any accident or injury that might be incurred as a result of participation in the Dance Studio's activities. I further agree that the immediate supervisor is authorized in my name to have administered medical aid from the Doctor listed and if he or she is not available the from any Doctor authorized to practice in the State of Florida, and further, that he or she may arrange for transportation to either the Doctor's office or Hospital as may be required.

*** Do not sign this document until in the presence of a notary public. ***

Signed: _____ Date: _____

ACKNOWLEDGEMENT

This instrument was acknowledged before me in Polk County, Florida on _____, by _____ (____) personally known to me or (____) whose drivers' licenses verified their identities (indicated by "X").

_____ My commission expires: _____

NOTARY PUBLIC

(SEAL)