



2012 Young Dancers Workshop

MEDICAL INFORMATION/RELEASE FORM LIABILITY AGREEMENT

Upon acceptance all students must complete and return this form as part of their final package due May 28 (receipt date). For students under the age of 18 years, a parent or guardian's signature must accompany the applicant's.

MEDICAL INFORMATION

In order for our staff to best serve your needs, please complete the following information. Your personal information will be held in complete confidence. Use additional page as necessary.

Personal Physician: _____ **Contact #:** _____ - _____ - _____

Please describe any injuries or surgeries within the past year.

Date	Nature of injury/surgery	Current status/recovery
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any medications you will be taking while at the Young Dancers Workshop.

Have you any special dietary requirements? Bates Dining Services can accommodate most dietary needs if we know in advance.

Please provide a copy, front and back, of the student's insurance card along with these forms.

MEDICAL RELEASE:

I understand that as the parent/guardian of _____ the Bates Dance Festival will make every attempt to contact me in the event of a medical emergency. In the event that I am unreachable, I hereby authorize the Festival Staff to sign for medical care for my daughter/son and for a member of the YDW staff to drive my daughter/son to a medical treatment center, if necessary.

Applicant Signature _____ Date _____

Parent/Guardian's Signature (if under 18) _____ Date _____

Parent Name (please print) _____

In case of Emergency contact _____

Relation _____ Primary Phone _____

LIABILITY AGREEMENT I agree that I will not hold the Bates Dance Festival, Bates College, off campus sites (Lewiston Middle School) or any faculty member or employee of either liable for injuries sustained or illnesses contracted by me while a participant in a Bates Dance Festival program. I agree to indemnify the Bates Dance Festival and its employees for all liabilities, costs and judgments arising from acts or omissions of the undersigned that result in injury or damage to any person or party. I further agree that I will not hold the Bates Dance Festival or Bates College responsible for the loss or damage of personal property while in attendance. I agree to abide by all Bates College regulations and to be financially responsible for lost or damaged Bates College property during my residency. I have read and understand the refund policy and agree that I am only entitled to a refund in accordance with this policy.

Applicant Signature _____ Date _____

Parent/Guardian's Signature (if under 18) _____ Date _____