

KRISTIN CELANO OWNER & INSTRUCTOR

PO Box 9643
Baltimore, MD 21237
kcelano3@gmail.com
410-419-6802

Medical History

Medications (please circle): YES

If yes, list them here:

PHYSICAL EDUCATION PROGRAM

Child Care Center	Today's Date	Does student have:	ADD/ADHD	YES	NO
Student's Name Age	Child Care Center		ASTHMA ALLERGIES	YES	NO NO
Emergency contact: Phone: Parent's Name(s): Address City/State Zip Code Primary Phone Secondary Phone E-mail LIABILITY WAIVER 1. I understand that this program may require strenuous physical activity and that there is a risk of personal injury or other losses or damages arising or of such. 2. I certify that the student is physically fit and has no physical activity and that there is a risk of personal injury or other losses or damages arising out of the student's participating in our physical activity and that there is a risk of personal injury or other losses or damages arising or of such. 3. I hereby acknowledge and agree that, by participating in the physical education programs of fered, I assume all of the risk of injury, and I hereby agree further that I will not assert any claim against DAYCARE DANCE ACADEMY or its employees by reason of any injury, or other losses or damages arising out of the student's participation in the program. 4. I hereby acknowledge and agree to indemnify and hold harmless DAYCARE DANCE ACADEMY or its employees from any and all iclaims, demand or causes of action, which are in any way connected with the student's physical education programs at ACLC or during any activity organized by DAYCARE DANCE ACADEMY or and its employees from any and all liability for an injuries or illnesses sustained or incurred while participating in the program at AACLC or during any activity organized by DAYCARE DANCE ACADEMY or any connected with the student's participation in the physical education program and any and all liability for a not provided the student's participation in the student's program and any and all liability for an injuries or illnesses sustained or incurred while participating in the program at AACLC or during any activity organized by DAYCARE DANCE ACADEMY and its experiment, I agree to indemnify and hold them harmless for all such fies and costs. 6. I hereby authorize the staff members at DAYCARE DANCE ACADEMY or the student's family. I have no knowledge of any physica		Type of Allergies:			
Parent's Name(s): Address City/State Zip Code Daycare Dance Academy may occasionally use (except where prohibited by law) the students name, photograph, and any statement or remark the student or his polysical education program for advertisin and promotional purposes without additional compensation. I GIVE PRRMISSION for Daycare Daycademy to use the student's photographs, name or statements. Parent Signature: Date: LIABILITY WAIVER 1. I understand that this program may require strenuous physical activity and that there is a risk of personal injury or other losses or damages arising or of such. 2. I certify that the student is physically fit and has no physical or mental condition, which may limit his or her ability to safely participate in the classes in which the student has enrolled, and/ or else I am willing to assume, and bear the costs of all risks that may be created, directly or indirectly, by a such condition. 3. I hereby acknowledge and agree that, by participating in the physical education programs offered, I assume all of the risk of injury, and I hereby agree that it is a such as a such program. 4. I hereby vacknowledge and agree to indemnify and hold harmless DAYCARE DANCE ACADEMY or its employees by reason of any injury, or other losses or damages arisin out of the student's participation in the program. 4. I hereby vacknowledge of any against DAYCARE DANCE ACADEMY or its employees by reason of any injury, or other losses or damages arisin out of the student's participation in the program. 5. Should DAYCARE DANCE ACADEMY or any connected with the student's participation in the physical education program and any and all liability for an injuries or illnesses sustained or incurred while participating in the program at AACL or during any activity organized by DAYCARE DANCE ACADEMY or any encausing on their behalf, he required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. 6. I hereby authorite the stuff me	Student's Name	Other physical limitation	ns:		
Parent's Name(s): Address City/State Zip Code Daycare Dance Academy may occasionally use (except where prohibited by law) the students name, photograph, and any statement or remark the student or his or her parent has made about participating in our physical education program for advertisin and promotional purposes without additional compensation. I GIVE PERMISSION for Daycare Dance Academy to use the student's photographs, name or statements. Parent Signature: Date: LIABILITY WAIVER 1. I understand that this program may require strenuous physical activity and that there is a risk of personal injury or other losses or damages arising or of such. 2. I certify that the student is physically fit and has no physical or mental condition, which may limit his or her ability to safely participate in the classes in which the student has enrolled, and/or else I am willing to assume, and bear the costs of all risks that may be created, directly or indirectly, by an such condition. 3. I hereby acknowledge and agree that, by participating in the physical education programs offered, I assume all of the risk of injury, and hereby agree further that I will not assert any claim against DAYCARE DANCE ACADEMY or its employees by reason of any injury, or other losses or damages arising out of the student's participation in the program. 4. I hereby acknowledge and agree to indemnify and hold harmless DAYCARE DANCE ACADEMY and its employees from any and all claims, demand or causes of action, which are in any way connected with the student's participation in the physical education program and any and all liability for an injuries or illnesses sustained or incurred while participating in the program at AACLC or during any activity organized by DAYCARE DANCE ACADEMY and program and any and all liability for an injuries or illnesses sustained or incurred with the student's participation in the program at Name and any and all liability for an injuries or illnesses sustained or incurred withe participation in the program at a Nac	Age				
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Parent Signature:	Primary Phone	and promotional purposes wil	hout additional comp	ensation.	I GIVE
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