



**KRISTIN CELANO
OWNER & INSTRUCTOR**

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PHYSICAL EDUCATION PROGRAM

Today's Date _____

Child Care Center _____

Student's Name _____

Age _____

Date of Birth _____

Parent's Name(s): _____

Address _____

City/State _____ Zip Code _____

Primary Phone _____

Secondary Phone _____

E-mail _____

Medical History

Medications (please circle): YES NO

If yes, list them here: _____

Does student have: ADD/ADHD YES NO
 ASTHMA YES NO
 ALLERGIES YES NO

Type of Allergies: _____

Other physical limitations: _____

Emergency contact: _____

Phone: _____

Photography Release

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 advertising 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

- 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 out of such.
- 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 any such condition.
- 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 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.
- I hereby voluntarily release, and agree to indemnify and hold harmless DAYCARE DANCE ACADEMY and its employees from any and all claims, demands, 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 any injuries or illnesses sustained or incurred while participating in the program at AACLC or during any activity organized by DAYCARE DANCE ACADEMY.
- Should DAYCARE DANCE ACADEMY, or anyone acting on their behalf, be 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.
- I hereby authorize the staff members at DAYCARE DANCE ACADEMY to act for the student in any emergency requiring medical attention using their best judgment.
- All medical expenses incurred will be the responsibility of the student or the student's family. I have no knowledge of any physical or mental impairment or disability that would prevent the student's participation in this program.
- The student is covered exclusively by medical and other health insurance and I am responsible for all medical payments.

Parent Signature: _____

Printed Name: _____ Date: _____