

Diane Jacobowitz
Executive & Artistic Director



45 Fourth Avenue
Brooklyn, NY 11217

2010/11 Medical Permission Form
Please print and complete all blanks.

Last Name: _____ First Name: _____ Date of Birth: _____
Age: _____ Weight: _____ Height: _____ Sex: _____
Parent/ Guardian Names: _____
Address: _____
Home Phone: _____ Alternate Phone: _____
Family Physician: _____ Phone #: _____

I give permission for (Child's name) _____
to attend Dancewave's 2010-2011 School Year for the period of September 20 , 2010 through June 6 , 2011
at the Dancewave class Locations of Old First Reformed Church at 729 Carroll Street, PS 77 at 62 Park Place,
Salsa Salsa Studio at 55 Fourth Avenue, Dancewave Center at 45 Fourth Ave or Union Street Dance at 725
Union Street.

This form will stay on file if your student continues with Dancewave.

Should your child become ill, get a headache, catch a cold, or have other minor medical or dental problems, do
you give permission for the administration of non-prescription medication at the discretion of the Dancewave
staff?

Yes _____ No _____

If aspirin or Tylenol needs to be administered, do you prefer:

Aspirin _____ Advil/Ibuprofen _____ Tylenol/Acetaminophen _____

I agree to hold Dancewave, Inc. harmless against any injury, liability, or accident that takes place in rehearsals,
classes, or performances during Dancewave's Fall/Spring Semester Classes. I understand that the staff may, if it
appears necessary for my child's health, have her/him hospitalized or use outside medical, surgical, or dental
care without liability to the class locations or Dancewave, Inc. I also understand that the staff may dismiss my
child from the program if, in their opinion, her/his conduct or influence is not in the best interest of the entire
group.

Date _____ Signature of Guardian _____

Print Name _____ Relationship _____

Dancewave's 2010/11 Photo Release Form

Date _____ I (child's name) _____ consent to the use by Dancewave, Inc. of my
name and/or photograph for any purpose and in any medium without my inspection of finished photographs or
media and without any liability to me stemming from any such use.

Signature of guardian: _____

Print name: _____

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