



**KOLTUN BALLET BOSTON
HEALTH INFORMATION / WAIVER**

23 Main Street
Watertown, MA 02172
617.901.3792

Participant's full name: _____

DOB: ____ / ____ / ____ Height: _____ Weight: _____

Street Address: _____ City: _____ Zip: _____

Person to Notify in Case of Emergency: _____ Tel#: _____

Participant's health insurance company: _____

Participant's health insurance policy #: _____

Participant's Primary Doctor: _____ Tel#: _____

Date of most recent physical exam: _____

Please list any medical concerns that we should be aware of: _____

Waiver / Release / Indemnification

Parent(s) or legal guardian must sign below before participant is allowed to participate in Koltun Ballet Boston events and classes:

As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in the Koltun Ballet Boston. I understand there are inherent risks in participating in this dance program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in the Koltun Ballet Boston classes and events. I further agree to RELEASE, indemnify and hold harmless, Koltun Ballet Boston Inc., its agents, servants, employees and / or representatives from any and all liability, damage, cost or expense arising out of my child's participation in Koltun Ballet Boston classes and events, of every kind and nature.

In the event that I cannot be reached in an emergency, I hereby give permission to Koltun Ballet Boston, its agents and employees to seek care for my child by a qualified emergency medical technician, physician/staff member of a hospital or any other individual qualified to provide medical treatment deemed necessary for my child.

Signature of parent(s) or legal guardian: _____ Date: _____

Name of Parent: _____ *(please print)*