

Medical Release Form

DDCA Dance Scholarship Audition

Please have your parent or legal guardian read over this form and sign below. You MUST have this form with you to audition. If you do not bring this completed form, you will not be allowed to audition.

Name: _____

Date signed: _____

School: _____

The above named student has my permission to audition for the DDCA Dance Scholarships at Milwaukie High School, Monday, January 16, 2012. I understand that DDCA, Milwaukie HS or any teacher of the dance classes along with their staff are not responsible for any injury that may occur while auditioning. I understand that there will NOT be any Trainers available this day, and that I am responsible for any and all medical needs.

I give permission to any member of the DDCA board or the chaperone from my child's team accompanying them to obtain any medical care, if necessary, during the audition.

I understand that I have to stay on the property at all times during the try out process.

_____ (signature of parent or legal guardian)

_____ (print name)

Please contact in case of emergency:

Name: _____

Phone Number: _____

Doctor/Clinic Name: _____

Phone Number: _____