



Please complete and return to instructor

## PERMISSION & INFORMATION SHEET

NAME OF STUDENT: \_\_\_\_\_ D.O.B: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List student's medical problems, allergies (including allergies to medicine) and any other matters we should be made aware of which might affect participation of the student in this event:

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BY SIGNING THIS PERMISSION SLIP, you hereby authorize the Jazzercise Instructor of your child to authorize any emergency treatment for the student; as such treatment may be recommended by a treating physician or by hospital emergency room personnel attending the student.

You also agree that Jazzercise, Inc., its agents and employees are not liable for any claims, damages, liabilities or expenses that may occur as a result of or arising from the participation of your child in the event for which this permission is granted.

Finally, you further agree that the independent Jazzercise Instructor of you child and that instructor's agents and employees are not liable for and are releases from any claims, damages, liabilities or expenses which may occur as a result of or arising from the participation of your child in the event for which this permission is granted.

I HEREBY AUTHORIZE MY CHILD, IDENTIFIED ABOVE, TO PARTICIPATE IN THE Jr JAZZERCISE CLASSES AT RUTHRIESTON WEST CHURCH UNDER THE TERMS SET FORTH ABOVE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature