

Health Form

This form is for your safety in the event of an emergency. Upon arrival at camp, you will seal this form in an envelope with your name on it, to be opened only in the event of an emergency. At the end of camp, you may ask for your envelope. Unretrieved envelopes will be taken to a professional shredder. Please include any additional information on the back.

Your Name: _____

Two different people to contact in an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Your Birthdate (mm/dd/yr): _____

Primary Insurance Company: _____

Policy Number: _____ Group Number: _____

Primary Holder: _____

Secondary Insurance Company: _____

Policy Number: _____ Group Number: _____

Existing Medical Problems: _____

Allergies (include allergies to any medication): _____

Medication Currently Taking (name, dose, times per day): _____

Primary Doctor: _____ Phone: _____

Please note that dancing, like any physical activity, carries the risk of injury and contagious illness. Neither Mainwoods Dance Camp, Inc., nor its members, officers, or directors has the resources to cover the costs of injuries or illness. While we don't want to discourage anyone from coming to Camp, your attendance is your representation that you have adequate insurance or other resources to cover your medical costs, lost wages, and pain and suffering without recourse to Mainwoods Dance Camp, Inc., or its officers, directors or members should you suffer any injury or illness.

Signature

Date