



Student Full Name	Date of Birth																		
Parent/Guardian Emergency Contact(s) during class time																			
Name of Student's Doctor	Phone																		
<p><b>1. Has your child ever been advised by a medical doctor not to participate in any athletic activity?</b>                  Circle one:    Yes                    No                  If yes, explain: _____                  _____                  _____</p>																			
<p><b>2. ALLERGIES: Foods, medicine, insects, plants, etc:</b>                  Circle one:    Yes                    No                  If yes, explain: _____                  _____                  _____</p>																			
<p><b>3. MEDICATIONS:</b>                  Circle one:    Yes                    No                  If yes, list them: _____                  _____                  _____</p>																			
<p><b>4. Does the student have:</b> (Circle all that apply.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">a. Heart trouble?</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 25%;">d. Family history of heart trouble?</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>b. Asthma?</td> <td>Yes</td> <td>No</td> <td>e. Family history of sudden death before age 50?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>c. Diabetes?</td> <td>Yes</td> <td>No</td> <td>f. Seizures?</td> <td>Yes</td> <td>No</td> </tr> </table> <p>Other? _____                  Explain: _____                  _____</p>		a. Heart trouble?	Yes	No	d. Family history of heart trouble?	Yes	No	b. Asthma?	Yes	No	e. Family history of sudden death before age 50?	Yes	No	c. Diabetes?	Yes	No	f. Seizures?	Yes	No
a. Heart trouble?	Yes	No	d. Family history of heart trouble?	Yes	No														
b. Asthma?	Yes	No	e. Family history of sudden death before age 50?	Yes	No														
c. Diabetes?	Yes	No	f. Seizures?	Yes	No														
<p><b>5. Has the student had any major illness or surgery in the last two years?</b>                  Circle one:    Yes                    No                  If yes, explain: _____                  _____</p>																			
<p><b>6. RELEASE of LIABILITY:</b>                  I hereby release Artistic Motion, its members, agents and volunteers of all liability. By signing this release, I understand that I am absolving and releasing others from liability from their own negligent acts, even if I am not at fault in any way. In consideration of my/my child's participation in classes or other activities at or associated with Artistic Motion, I agree to assume full responsibility for them, their heirs, executors, and administrators, waive and release and forever discharge any and all rights and claims for damages which they may have or which occur to them, for all damages which may be sustained and suffered by them in connection with their association with or entry into center activities or which may arise out of their participation in these activities. I expressly assume all of the risks inherent in these activities.</p> <p><b>I hereby certify that the information stated above is correct and completed to the best of my knowledge.</b></p>																			
_____ Student Signature	_____ Date																		
_____ Parent Signature	_____ Date																		