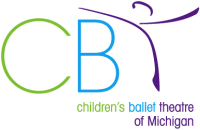
## Children’s Ballet Theatre

Emergency Form



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| |  |  | | --- | --- | | Today’s Date: | Show Season: |  Dancer INFORMATION  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Dancer Last Name: | First: | Middle: |  | Parent status: |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Is this your first CBT Season? | Mother’s Name: | Father’s Name: | Birth date: | Age: | Sex: | |  |  |  |  |  |  |   Primary Address:   |  |  |  | | --- | --- | --- | | Mother’s Phone: | Home Phone: | Dancer Cell: | |  |  |  | | Father’s Phone: | School: | Grade: | |  |  |  |  |  |  |  | | --- | --- | --- | | List other parents / step parents living with dancer: |  |  | |  |  |  |   List older siblings that may pick up dancer:   |  |  |  |  | | --- | --- | --- | --- | | Parent Email: | Parent Email: | Dancer Email: |  | | Doctor: | Allergies: | Medications: |  | | Hospital Preference: | Injuries: | Other: |  | |  |  |  |  |  IN CASE OF EMERGENCY  |  |  |  |  | | --- | --- | --- | --- | | Emergency Contact: | Relationship to dancer: | Phone: | Phone: | | Emergency Contact: | Relationship to dancer: | Phone: | Phone: | | Emergency Contact: | Relationship to dancer: | Phone: | Phone: | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | Patient/Guardian signature |  | Date |  | |
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