## 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: |
|  |  |  |

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| --- | --- | --- |
| 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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