



Backstage Dance Connection After School & Summer Camp Headquarters

3236 Parris Bridge Rd, Boiling Springs, SC 29316•864-699-9390
www.backstagedanceconnection.com backstagedanceconnection@gmail.com



Child's Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Sex: Male or Female

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Facebook Name: _____

****Please check the given e-mail address frequently. BDC will use e-mail for the majority of its communication. If you do not have an e-mail address, please let BDC know which form of communication is best for you.**

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about BDC: Drive By Other Friend, if so name: _____

Medical Insurance Company: _____ Policy#: _____

By signing, I grant Backstage Dance Connection, LLC, its representatives and employees the right to take photographs of me, my property, and or my family for purposes of promoting and/or advertising Backstage Dance Connection, LLC. I authorize Backstage Dance Connection, LLC. to copyright, use and publish in print and/or electronically. I understand and agree that Backstage Dance Connection, LLC. may use such photographs with or without labeling for any lawful purpose, including but not limited to: publicity, illustrations, advertising, marketing and web content. I understand that the photos will be used for promotion purposes and compensation will not be given.

Parents/Guardians, Dancers & Tumblers recognize the risk of injury in any dance or tumbling program. I acknowledge that injury may occur. By signing, I agree to release Backstage Dance Connection LLC, its employees, directors, and volunteers from any and all liability to such an incident on or off our premises. BDC is not responsible for any items lost or stolen. I give consent for Backstage Dance Connection, LLC staff to render appropriate judgment should my child have an accident or need medical attention if neither parent/guardian can be reached. I understand and accept these risks and hereby release Backstage Dance Connection, LLC. from all liability for any injuries.

I hereby agree not to hold Backstage Dance Connection LLC, its employees, directors, and volunteers for any damages or liabilities due to theft of personal items.

I agree to pay BDC any Tuition Fees and all associated charges by Automatic Draft on Monday of each week or by check or cash in advance. If you do not have a credit/debit card; tuition is due in advance on Friday for the following week's care. Should this provision have to be enforced by legal means, the undersigned person(s) is responsible for payment, as well as, cost of collections, court fees, etc. **Tuition and fees are non-refundable and there are no cash refunds on accounts carrying credits.** Overpayments will result in a credit to your account.

Your Registration Fee is due at the time of registration to reserve your child's place in class. In order to attend classes at BDC, the undersigned person(s) agrees to pay a **non-refundable** Registration Fee. In the event of withdrawal from classes, the registration fee will be forfeited to assist with the administrative costs of enrolling your child in our studio-class management system.

Thank you for giving BDC the opportunity to work with your child!

Parent's Signature: _____ Date: _____ / _____ / _____

Release Record

Child's Name: _____

I authorize the following people (persons over 16 years old) to pick up my child (other than Parent/Guardian):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Health Questionnaire

List of known allergies and reactions:

List of medications taken daily:

Is there any information about the child that the staff at BDC should be aware of?
(ex. Learning disabilities, physical impairments, emotional issues)

List any physical limitations or activity restrictions that your child may have:

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Preferred Hospital: _____

I hereby give my permission to the medical personnel selected by the BDC Staff to order X-rays, routine test, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for myself/or my child. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the BDC Staff to secure and administer treatment including hospitalization for my child. I agree to be responsible for payment of any and all medical services rendered.

Signature of Parent or Legal Guardian

PARENTAL RELEASE FOR DISPENSING OF MEDICATION/MEDICAL SUPPLIES

I give permission to the staff of the Backstage Dance Connection LLC, to administer to my child the medication(s) and/or protective medical supplies (such as ointments, sunscreen, etc.) listed below.

Please list any medications your child may be administered while at BDC:
(examples include Tylenol, Advil, Tums, Benadryl, etc.)

I understand it is my responsibility to give medication (including inhalers)/medical supplies directly to the program staff in individual dosage container, original prescription containers, or envelopes clearly labeled with participants name and dosage.

If after administering medication/medical supplies there is an adverse reaction, I give my permission to the Backstage Dance Connection to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my minor child.

In consideration of Backstage Dance Connection, LLC administering medication/medical supplies to my minor child, I do hereby fully release or discharge the Backstage Dance Connection, LLC, its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend Backstage Dance Connection, LLC, its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication/medical supplies.

Responsibility for Notification of Changes. I hereby acknowledge that the above information provided for the dispensing of medication/medical supplies for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication changes. I will do so by completing another "Permission to Dispense Medication/ Medical Supplies" Form.

By signing below, parents/guardians grant permission for Backstage Dance Connection, LLC staff to dispense medication/medical supplies, as listed above.

Signature of Parent or Legal Guardian

Date

PERMISSION TO RIDE

I hereby grant permission for my child to ride the BDC After School Headquarters bus for any field trip and/or bus route to or from the BDC facility at anytime while enrolled at the BDC After School/Summer Camp Program.

Academic School that your child attends: _____

Grade: _____

Signature of Parent or Legal Guardian



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