

REGISTRATION FORM

***please fill in all in block letters

Child

LAST NAME :		Name :	
Date of birth :		Age :	
Address :			
Mobile phone #:	+		

Mother / Parent 1 or legal guardian of the child:

LAST NAME :		Name :	
Mobile phone #:	+	Home phone :	+
Working phone #:	+	E-mail :	

Father / Parent 2 or legal guardian of the child:

LAST NAME :		Name :	
Mobile phone #:	+	Tél. Domicile :	+
Working phone #:	+	E-mail :	@

Right to the images

I, the undersigned Father Mother Legal representative of the child:

- authorize ASS Fly Dance SXM to make photos and / or record in all activities generated by Fly Dance SXM
- authorize the publication, dissemination and free use of the images and videos thus produced as part of its usual audiovisual and editorial broadcasting activities.

Done in SXM
V Signature of parents or legal guardian

PERMITS

I, the undersigned Father Mother Legal representative of the child:

- allow to my child to do dance, acrobatics, gymnastics, aerial skills
- give medical or surgical emergency permission to the caregivers to accompany them to the nearest medical or surgical center
- authorize the persons in charge or the escorts to take, if necessary, all the necessary measures for an emergency hospitalization

I mention below the medical contraindications, allergies or other problems concerning my child:

Emergency contact person:

Sir, Madam:		Phone #: +
Sir, Madam:		Phone #: +

Name of the attending physician:		Phone #: +
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Date:

SIGNATURE preceded by the words "read and approved":
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