

Terpsicorps Theatre of Dance Asheville Summer Intensive 2009

Student's Name _____ Age _____

D.O.B. __/__/__ S.S.# _____

Phone: Day: _____ Evening: _____

Address: _____

Parent or Guardian

Name: _____

Day Phone: _____ Evening: _____

Address (if different from dancer): _____

Parent Email: _____

Second Emergency Contact:

Name: _____

Day Phone: _____ Evening Phone: _____

Address: _____

Medical History 2009

Student's Physician: _____

Phone: _____

Insurance Company: _____

Phone: _____

Policy # _____

Address: _____

Name of Policy Holder: _____

Policy Holder Social Security: _____

Please list all existing medical conditions including known allergies or medications the student cannot take:

Please list all existing prescriptions the student is currently taking:

IMPORTANT: Please return this form along with a copy of your health insurance/prescription card.