

DANCER PERSONAL INFO DOCUMENT



Dancer Info						
Name	Nickname	Phone Cell	Phone Landline	E-mail	Name of School or Employer	Date of Birth (if under Age 18)
Address						
Dance School(s) You Are Currently Attending		Years	Months	Type(s) of Dance You Have Studied	Length of time Studied	

Parent/Guardian and Emergency Contact Info				
Name(s)	Phone Cell	Phone Landline	E-mail	Occupation

Concert Ballet of Virginia is a non-profit, civic organization that offers performance opportunities to dancers. As such, we depend heavily on volunteers (age 18 and over) to keep the organization going and we count on dancers' families to pitch in. Most needs require only a couple of hours a month. Please check the boxes next to the volunteer needs for which you will help.

Volunteer Opportunities					
Wardrobe/Sewing	<input type="checkbox"/>	Grants/Funding/Donor Recruitment	<input type="checkbox"/>	Stage Crew	<input type="checkbox"/>
Ticket Sales	<input type="checkbox"/>	Boutique/Concession	<input type="checkbox"/>	Other (Please specify):	<input type="checkbox"/>
Promotion/PR	<input type="checkbox"/>	Website/Facebook	<input type="checkbox"/>		
Dancer Recruitment	<input type="checkbox"/>	Scenery	<input type="checkbox"/>		

Emergency Medical Information – PLEASE KEEP CURRENT

Dancer Info						
Name		Nickname		Date of Birth (if under Age 18)		
Parent/Guardian Emergency Contact Info						
Name(s)		Phone Cell	Phone Landline	E-mail	Work Phone	Place of Business
Child Resides With (Check the Box):						
Both Parents	Mother	Father		Guardian	Other (Please Specify)	
Legal Custody (Check the Box):						
Both Parents	Mother	Father	Guardian	Other (Please Specify)		
List at least TWO relatives/friends over age 18 who will assume temporary care and have permission to pick up the dancer if parent/guardian cannot be reached						
Name(s)	Relationship(s)		Phone Cell	Phone Landline		

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Dancer Info		
Name	Nickname	Date of Birth (if under Age 18)
Medications Taken Regularly:		
Does your child have any medical conditions that will require special care? If so, please indicate below in detail:		
Yes	No	
		Allergies (e.g. environmental, food, insect) and Treatment:
		Asthma – Is medication needed at dance? If so, please list:
		ADD or ADHD
		Cardiovascular – Condition & Cardiologist’s Name & Number:
		Diabetes – Physician’s Name & Number
		Juvenile Arthritis
		Migraine – Physician’s Name & Number
		Physical Limitations (Please describe)
		Scoliosis – Physician’s Name & Number
		Seizures – Neurologist’s Name & Number
		Urinary tract problem – Condition & Urologist’s Name & Number
		Vision correction – Wears glasses yes/no; Wears contacts yes/no
		Other – Please specify
		Please list all past injuries/illnesses that may be aggravated, relapse, or recur:
HOSPITAL CHOICE:		
PHYSICIAN:		PHONE#:
DENTIST:		PHONE#:
HEALTH INSURANCE PROVIDER:	GROUP#	POLICY#

As with all physical activities, participation in the Ballet carries risk of injury. I hereby release the Concert Ballet of Virginia (CBV) from any liability as a result of my child/my participation. The CBV has my permission to make arrangements deemed necessary, including transportation to a medical facility via emergency medical service to obtain medical care in the event a parent/guardian or person listed above cannot be immediately reached.

Signature of legally responsible

Adult: _____ Date: _____