



2024 - 2025
Medical Information

Student First		Student Last	
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EMERGENCY CONTACT INFORMATION - to be completed by parent/guardian
(someone other than person listed on Registration Form)

First		Last	
Address			
City		Zip	
Phone		Relationship	

MEDICAL INFORMATION

Does the student have any medical conditions of which we should be aware?	Yes	No
If yes, please explain:		
Does the student have any previous/present injuries?	Yes	No
If yes, please explain:		
Does the student have any allergies?	Yes	No
If yes, please list:		
Does the student take any medication(s) regularly?	Yes	No
If yes, please list:		

WAIVER

I hereby release and forever discharge owners, instructors, staff, guests, other participants and any and all other parties of liability for any claims, demands, actions and causes of action of every name and nature which I have upon or against owners, instructors, staff, guests, other participants and any and all other parties, including especially claims arising out of any and all personal injuries, damages, expenses and any loss or damage whatsoever, resulting to or from my participation in classes at Boss Academy of Performing Arts.

Parent/Guardian Signature	Date
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