

Marathon Dance 2017
Permission Sheet & Medical Information

Student's Name _____

Grade _____

By signing below I hereby give (*dancer's name*) _____ permission to participate in the 28 hour South High Marathon Dance, which is a South Glens Falls Central School District event. I understand that at some point during the 28 hour Marathon Dance I may need to be contacted. In case of an emergency, I can be reached at:

Cell Phone: _____ Home Phone: _____ Other: _____

I also give permission for the South High Marathon Dance to record, take statements, transcribe and photograph (*dancer's name*) _____, which may be distributed, posted, or broadcast through media, internet, and other means in conjunction with any Marathon Dance – related project. By signing this release, I acknowledge that South High shall own the copyright in the photographs, statements, transcriptions and recordings they make of the Dancer. Since the Marathon Dance is a community event, I also give unrestricted permission for my child's image/statements to be used by the media covering this event without further notification.

Parent or Legal Guardian's Name: _____

Street Address _____

City _____

Zip Code _____

Does the student have any medical problems that we should be aware of? (explain) _____

Is the student taking any medications? (explain) _____

Please remember to turn in all medications at the registration table.

Parent or Guardian's Signature _____

Date _____