

SETON DANCE INVITATIONAL
JANUARY 9, 2027
DANCER MEDICAL & MEDIA RELEASE FORM

I certify that _____ has no injury that would limit his/her participation in this competition. The below signed parent/guardian does hereby delegate to the Seton Dance Invitational, its employees or agents, the authority to seek, obtain and approve any medical care and treatment for the named minor, which in their judgment is necessary for the health and well-being of said minor during his/her attendance and participation in the Seton Dance Invitational.

☐ I have read and accept the Medical Release statement above. _____ (initial here)

I give the Seton High School Dance Team permission to use my child's name and image, in all forms of media, for use in conjunction with this competition.

☐ I have read and accept the Media Release statement above. _____ (initial here)

PERSONAL INFORMATION

School / Organization Name _____ Age Division _____

Dancer's Name _____ Birthday _____

Address _____

Parent/Guardian Home Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Signature of Parent/Guardian _____ Date _____

MEDICAL INFORMATION

Allergies _____

Chronic Conditions (asthma, epilepsy, diabetes) _____

Medications _____

Medical Insurance Co. _____ ID # _____ Group No. _____

Subscriber Name _____ Subscriber Birthdate _____

Subscriber Home Phone _____ Subscriber Work Phone _____

Family Doctor _____ Phone _____