

Marshall County Arts Commission Line Dance & Ballroom Dancing Application

Circle one: Line Dancing Ballroom Dancing
 Jan 17 thru Feb 14 Feb 21 thru Mar 21

Applicant's Name _____

If Student: School _____ Grade _____

If Student: Parent's or Guardian's Name _____

Address _____

Phone _____ Email _____

If applicable, please list the names of others authorized to pick up your child from activity:

In the event of an unexpected emergency, please provide the name and number of an alternate contact.

List all medical conditions (diabetes, epilepsy, seizures, allergies, etc.)

In case of a medical emergency that occurs during any MCAC Children's program rehearsal session or event, I give the Marshall County Arts Commission staff permission to seek medical attention for my child. I also give trained, licensed medical personnel permission to treat my child in an emergency. Using the contact information above that I have provided, I am aware that I will be notified immediately if such an emergency occurs.

May we photograph or video you and/or your child for publication in newspapers, brochures, web sites and other informational tools? Yes _____ No _____

Signed _____ Date _____

Check No. / Cash _____ Amount paid _____