

INSURANCE INFORMATION

All San José Dance Theatre and Los Gatos Ballet participants who are actively in any San José Dance Theatre or Los Gatos Ballet sponsored program or event must be covered by a Group Insurance Policy, similar to the Public and Parochial School's "On Premise Policies." The cost of this policy is included in the Participation fee which must be paid by each participant who is cast as a performing member. Everyone must complete the following questionnaire. Please PRINT all answers, and return this form along with your Agreement, Volunteer and Publicity Forms.

PARTICIPANT'S NAME _____ DATE OF BIRTH _____
HOME ADDRESS _____
CITY _____ ZIPCODE _____
HOME PHONE _____ MOTHER'S CELL _____
FATHER'S CELL _____ DANCER'S CELL _____
PARENTS EMAIL: _____ DANCER'S EMAIL: _____

FATHER'S NAME _____ BUSINESSPHONE _____
OCCUPATION _____ PLACE OF BUSINESS _____
BUSINESS
ADDRESS _____

MOTHER'S NAME _____ BUSINESS PHONE _____
OCCUPATION _____ PLACE OF BUSINESS _____
BUSINESS
ADDRESS _____

FAMILY OR CHILD'S
PHYSICIAN _____
ADDRESS _____ PHONE _____

FAMILY HEALTH/HOSPITALIZATION INSURANCE:
INSURANCE COMPANY _____ POLICY NUMBER _____

PLEASE LIST TWO PERSONS, OTHER THAN THE ABOVE, TO CALL IN AN EMERGENCY:
NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____
NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

Please list below any special medical or allergic conditions. _____

By signing this agreement, permission is given to San José Dance Theatre to seek emergency medical care for the aforementioned participant at the expense of the undersigned and releases San José Dance Theatre and BIM, Inc./Los Gatos Ballet from any liability.

PARTICIPANT'S SIGNATURE _____ DATE _____
(Parent or guardian's if under 18 years old)