



SHEEKRIPHIL, Inc. d/b/a
SheeKriStyle Academy of Dance Arts, Inc.

5740 Coventry Lane
Fort Wayne, IN 46804
(260) 436-9009



Medical Release and Permission Slip

Please fill out all applicable fields. An asterisk (*) denotes a required field.

I _____, give my child, _____, permission to participate in SheeKriStyle Academy of Dance classes and activities for the ____/____ season. SheeKriStyle Academy of Dance is owned and operated by SheeKriPhil, Inc., an Indiana corporation. I understand that in dance as in all athletic endeavors there is a real chance of some injury and/or sickness to my child. I agree to hold harmless SheeKriPhil, Inc. doing business as SheeKriStyle Academy of Dance Arts, Inc., its officers and assigns, their employees, and all host facilities from any liability in the event of sickness and/or injury to my child.

I authorize SheeKriStyle Academy of Dance, and its employees and agents to authorize transportation of my child to a licensed medical facility and/or hospital and to authorize emergency medical treatment to my child, if needed. I understand and agree that photos/videos taken at SheeKriStyle Academy of Dance events may be used for promotional purposes without compensation to any individual or teams.

(Please Print & Fill out all sections)

Participant Name _____ D.O.B. _____
Parent/Guardian _____ Email: _____
Address: _____ Apt # _____
City: _____ State _____ Zip _____
*Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Allergies/Medical Concerns _____

Medications: _____

Medical Insurance Provider: _____ Policy # _____

Primary Doctor: _____ Phone : _____

Dental Insurance Provider: _____ Policy # _____

Dentist Name: _____ Phone: _____

I acknowledge as the parents/guardians, I have completely and accurately filled out all the above pertinent information requested by SheeKriStyle Academy of Dance.

Parent/Guardian Signature: _____ Date _____