

# EKKLESIA

CONTEMPORARY BALLET

## 2017 Summer Intensive Registration – Host Home Request Form

### Dancer Information:

Dancer Name:		Today's Date:
Cell #	Date of Birth:	Age:

### Insurance & Medical Information:

Does Dancer have health insurance?  No  Yes – please include copy of Insurance card (front & back)  
(All minors must be covered by a personal health insurance policy.)

List any allergies to medications, etc.: \_\_\_\_\_  
\_\_\_\_\_

Please list any dietary restrictions and preferences: \_\_\_\_\_  
\_\_\_\_\_

Preference regarding pets:  Pets are fine  No Dogs, please  No Cats, please  Would prefer no pets

### Arrival Information:

Date & Time: \_\_\_\_\_ Mode of Transportation: \_\_\_\_\_  
Location/Terminal: \_\_\_\_\_ Flight # (if applicable): \_\_\_\_\_

### Departure Information:

Date & Time: \_\_\_\_\_ Mode of Transportation: \_\_\_\_\_  
Location/Terminal: \_\_\_\_\_ Flight # (if applicable): \_\_\_\_\_

### If dancer is a minor:

I \_\_\_\_\_ give permission for the host home to seek medical treatment  
for my child, \_\_\_\_\_ if necessitated by illness or injury.

**Please complete the following section with any information regarding the dancer  
that is important for Ekklesia Contemporary Ballet to know.**

\_\_\_\_\_  
**Dancer's Name (Please Print)**

\_\_\_\_\_  
**Signature of Dancer**

(or Parent/Guardian if student is under age 18)

\_\_\_\_\_  
**Date**