

EKKLESIA

CONTEMPORARY BALLET

2018 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