

Emergency Release Form
Golden Showstoppers

Director: Deborah Doherty Assisted by Keri Szachacz
Certified Coaches: Michelle Krul and Cassie Olivos

Child's Name : _____ Birthdate: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Best Person to call first in case of an emergency: _____

Does your child have any allergies? _____ If yes, please explain.

Is there anything we should know about your child's physical development?

Who is the person responsible for picking up your child from practice?

This must be NOTARIZED below in order for us to accept it.

Please read carefully before signing.

I give permission for Deborah Doherty, Keri Szachacz, Michelle Krul, or Cassie Olivos to seek treatment for my child if I am unavailable.

I will not hold Deborah Doherty, Keri Szachacz, Michelle Krul or Cassie Olivos responsible for any injuries my child sustains while at practice.

I understand that the monthly tuition is non-refundable.

Signature of Parent / Guardian:

Date: