



# FBAAD

Fort Bend Academy of Arts and Dance  
"Education and Empowerment Through the Arts"

## 2019-2020 Afterschool Dance Conservatory Application

Student's Name \_\_\_\_\_

Parents' Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Mom's wk \_\_\_\_\_ Dad's wk \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child T-Shirt Size: [S] [M] [L] Youth/Adult T-Shirt Size: [S] [M] [L] [XL]

How did you hear about FBAAD? \_\_\_\_\_

### ADULTS AUTHORIZED TO PICK UP STUDENT AND/OR BE CONTACTED IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

My child has a regular physician. In the event of an emergency please contact physician and/or hospital/clinic below.

Name of Physician: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Is your child covered under any medical insurance policy?  Yes  No

Insurance Co: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize FBAAD to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**2018-2019 Afterschool Dance Conservatory Application**

**Please read each statement below, then sign and date.**

**I give permission** for my child to participate, be transported, and supervised by FBAAD staff from school to FBAAD or any event/activity and in case of an emergency. [  ] Yes [  ] No (Check one)

**I give permission** for my child to participate in water activities such as a splashing pool, swimming pools, and other water activities provided by FBAAD. [  ] Yes [  ] No (Check one)

**I give permission** for my child to be photographed and/or videotaped participating in FBAAD's Afterschool Dance Conservatory. [  ] Yes [  ] No (Check one)

**I give permission** and understand my child is required to participate in FBAAD's Annual Spring Concert unless I formally withdraw, in writing, from Afterschool Dance Conservatory. [  ] Yes [  ] No (Check one)

I acknowledge that I have received, read, and will comply with the After school Dance Conservatory Policies found in the Parent Handbook given to me. I will not hold Fort Bend Academy of Arts & Dance or any of its agents, employees, volunteers, or representatives liable for any illnesses contracted or injuries sustained by my child while a student at FBAAD and the After school Dance Conservatory.

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_  
Date

**SPECIAL PROBLEMS/NEEDS/ACCOMODATIONS**

Please list any problems/needs including: allergies, existing illnesses, previous serious illnesses, injuries, disabilities, hospitalization, continuous medication, etc...

Please write N/A if none apply \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any limitations or require any special provisions/accommodations? [  ] Yes [  ] No

If yes, please explain; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_