



SANTA ROSA JUNIOR COLLEGE DANCE DEPARTMENT
 PARTICIPATION AGREEMENT and MEDICAL AUTHORIZATION for a
 MINOR (18 and under)

Name of Participant _____ has my permission to participate in the 2017 SRJC SUMMER DANCE COLLECTIVE (a fundraiser for the SRJC Dance Department) at Santa Rosa Junior College, August 14, 15, 16 & 17 from 9:30-1:00.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Resulting expenses are the responsibility of the undersigned parent/guardian. As stated in California Code of Regulation, Subchapter 5, Section 55450, I understand that I hold Sonoma County Junior College District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my son's/daughter's participation in this activity. I fully understand that participants are to abide by all rules and regulations governing conduct during this activity. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature _____ Date: _____
 Address: _____ City: _____ Zip: _____

Medical Insurance Carrier	Policy #	Address
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Medical History

This must be filled out and signed by the parent or guardian before a child will be able to participate: Is there any history of: *(please circle)*

Medical Conditions currently under treatment	yes	no	if yes describe _____
Any pre-existing injuries	yes	no	if yes describe _____
Fractures or other disability type injuries	yes	no	if yes describe _____
Allergies or asthma	yes	no	if yes describe _____
Mental disorders or convulsions	yes	no	if yes describe _____
Known past illness of more than one week	yes	no	if yes describe _____
Contact lenses/glasses	yes	no	if yes describe _____
Food allergies	yes	no	if yes describe _____

SPECIAL NOTE FOR PARENT/GUARDIAN:
 (1) All drugs must be registered on this form; (2) all drugs, except those which must be kept on the participant's person for emergency use, must be kept and distributed by staff;(3) _____ check here if there are NO special problems that the staff should be aware of an no drugs are required while participating; (4) If any medication or drugs are to be taken by participant, list them here: _____
 If your child has a special medical problem, kindly attach a description of that problem to this sheet or describe below.