

TDEA ALL-STATE DANCE TEAM RELEASE FORM

TDEA
P.O. BOX 74
Houston, TX. 77001

Student Name: _____

(Last Name)

(First Name)

Gender: _____ DOB: _____ Age: _____ Grade: _____ Student Cell Phone #: (____) _____

School Name: _____ Team Name: _____

Director's Name: _____ Director's Cell: (____) _____

I, _____, pledge to uphold all student policies and the high standards of the Texas Dance Educators' Association and the Texas All-State Dance Team. I understand that I am governed by the same rules on this trip as I am at school. I understand that the possession of, having used, or being under the influence of drugs, tobacco and/or alcohol is prohibited and that the school's authority to enforce policy includes: the right to inspect personal luggage, lodging accommodations, transportation vehicles, etc. I understand that any infraction will be dealt with according to school policy and may result in my being sent home immediately at my parent's expense.

Student Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT

I give full permission for my child to attend the Texas Dance Educators' Association Convention and participate in the Texas All-State Dance Team. I give my consent to allow my child to be photographed/recorded and publicized on a supportive and promotional basis solely for the promotion of TDEA. I hereby release and discharge TDEA, its agents, employees, and officers from all claims, demands, actions, judgements, and executions which I may have or my child, executors, administrators, or assigns may have or claim to have against TDEA, its agents, employees, officers, volunteers, successors in interest, or assigns for all personal injuries, known or unknown, and from all known or unknown injuries to property, real or personal, cause by or arising out of the participation in the TDEA All-State Dance Team. I have read the above student agreement and understand and support the same.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (PRINTED): _____

Address: _____

Contact Phone #: (____) _____ 2nd Phone #: (____) _____

Every effort will be made to see that your child is well taken care of; however, since we must be prepared for any situation, please complete the following information:

Any Allergies: _____

Medical History: _____

Special Medications REQUIRED to take: _____

When? _____ Reason for taking medication? _____

Do we have permission to take your child to the nearest doctor or hospital should, in our opinion, the situation warrant this action? YES _____ NO _____

I, _____, give permission for my child to be treated by the physician on call and/or receive emergency care.

Name of your Family Physician: _____ Physician's Phone #: (____) _____

Medical Insurance Company: _____ Policy Number: _____

In case of emergency, please notify:

1. Name: _____ Relationship: _____ Phone: (____) _____

2. Name: _____ Relationship: _____ Phone: (____) _____

In accordance with the CDC, if a student shows signs of infectious illness consistent with Covid-19, a mask will be provided immediately and the student will be placed in designated room for isolation until a parent/guardian/caregiver is contacted and arrangements are made for student(s) to go home or seek emergency medical attention.