

SECTION ONE: Student Medical Information & Release of Claims

First Name: _____ Last Name: _____

Date of Birth: _____ Age (as of June 2024): _____ Gender: _____

Student Type: Rock School Resident Commuter

DIETARY RESTRICTIONS

The Rock School can accommodate the following food allergies and dietary restrictions. Check all that apply.

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Gluten-Free | <input type="checkbox"/> Peanut/Tree Nut-Free |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Dairy-Free | <input type="checkbox"/> Shellfish-Free |

By signing below, you are attesting that your dancer can manage their allergies and dietary restrictions without the intervention of Rock School faculty and staff. If your dancer will require assistance or care beyond visibly posted ingredient lists or will suffer an allergic reaction as a result of cross contamination, please contact us at info@therockschool.org as soon as possible so that we may evaluate this situation further.

ADDITIONAL HEALTH CONSIDERATIONS

Check all that apply.

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Other Food Allergies | <input type="checkbox"/> Other Dietary Restrictions | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Other Non-Food Allergies | <input type="checkbox"/> Other Medical Conditions | |

Please provide further details: _____

If needed, attach additional information regarding allergies, conditions, or medications.

INSURANCE INFORMATION: COPY BOTH SIDES OF YOUR INSURANCE CARD AND INCLUDE WITH PACKET

EMERGENCY CONTACT INFORMATION

Parents/guardians will always be contacted first. In the event that the parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

PARENT/GUARDIAN APPROVAL AND MEDICAL RELEASE

I personally, as the participating student or the parent or guardian of such student, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive and release The Rock School for Dance Education, their officers, representative, successor, and/or assigns for any and all damages which may be sustained or suffered by me in connection with my association with the above program, or any activities related thereto, including without limitation, my traveling to or participating in and returning from any activity associated with the program. **The named student has received a physical examination by a physician and has been found physically capable of participating in any activity associated with the program.**

I hereby give authorization to The Rock School to share any and all medical information and/or medical documents to treating medical authorities. It is understood that The Rock School will make every effort to contact me prior to the emergency treatment of my student, but that treatment by a licensed physician or medical staff person of a licensed emergency room will not be withheld if I cannot be reached.

Signature of Parent/Guardian (or student if age 18+)

Date

SECTION TWO: Care Waiver

AGREEMENT made between _____, the parent(s)/guardian(s) of _____ (student) and The Rock School.

WHEREAS, the parent(s)/guardian(s), in their absence, desire to convey upon The Rock School and its employees the rights and responsibilities of care of their child/ward and The Rock School and its employees wish to assume those rights and responsibilities.

NOW, THEREFORE, the parties hereto mutually agree as follows:

1. CARE: The Rock School employees shall have the following powers with regards to the above-named student:

- a. To seek medical care for the student, including but not limited to visits to the doctor and/or hospital, as needed, at the discretion of the Rock School and its employees.
- b. To authorize medical treatment or medical procedures in the event of an emergency, as needed at the discretion of the Rock School and its employees.
- c. To administer over the counter medications, as needed in the discretion of the Rock School and its employees, as directed on the package, for the following medications:

<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Pepto Bismol	<input type="checkbox"/> Tums
<input type="checkbox"/> Midol	<input type="checkbox"/> Tylenol	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Other _____

If your child has a history of frequently needing over the counter medications or requires a medication not listed above, please supply your own medication. For all over the counter medication provided to The Rock School by parent/guardian(s), the medication must be in the original sealed container labeled with your child's first and last name. All medications supplied to The Rock School will be kept in a locked cabinet and used only for your child.

d. Regarding prescription medications:

- I give my student permission to self-administer prescription medication(s).
- My student needs to have prescription medication(s) administered by a Rock School employee.

As the parent/guardian, I will provide written permission in the form of a letter, email or fax that will list:

- | | |
|--|-------------------------|
| a. Reason for taking this medication | d. Full name of student |
| b. Time/routine of administration | e. Name of medication |
| c. Physician comments about the medication | f. Medication dosage |

The medication must be in a prescription container with a pharmacy label on the bottle. Label must contain the child's name, name of medication, dosage and interval, date of prescription, and prescribing physician. All medications supplied to The Rock School will be kept in a locked cabinet and used only for your child.

- 2. TERM:** The period of care shall be the duration of the 2024 Summer session. If the student withdraws or is dismissed prior to the end of the Summer, the period of care shall extend only until such time as the student is no longer enrolled at The Rock School.
- 3. GOVERNING LAW:** The Agreement shall be construed in accordance with the laws of the State of Pennsylvania.
- 4. GENERAL:** This Agreement contains the entire agreement of the parties relating to the subject matter hereof. Only an instrument in writing signed by both parties hereto may modify this Agreement.

Signature of Parent/Guardian (or student if age 18+) _____
Date

SECTION THREE: Bus Transportation Waiver

I hereby give permission for my child to travel to and from any/all destinations for the duration of The Rock School's 2024 Summer Intensive.

I understand that the driver, vehicle owner, The Rock School for Dance Education and its employees are not responsible for any injury/damages which may be incurred on said trip, and in consideration for providing transportation, I agree to hold The Rock School for Dance Education and its staff, as well as the drivers and owners of the vehicles transporting the student, harmless from claims for injury or damages occurring during said trip.

By signing below, I formally accept the Bus Transportation Waiver (as written above).

Signature of Parent/Guardian (or student if age 18+) _____
Date

SECTION FOUR: Housing Waivers & Policy Agreement *(not applicable to commuting students)*

This Agreement waives the liability of The Rock School for Dance Education and its employees for any use of the services and facilities at The Marine Club, Curtis Institute, and/or Church Farm School, included but not limited to the facilities, swimming pool, and grounds.

I hereby agree that the use of the services and facilities at The Marine Club, Curtis Institute, and/or Church Farm School, included but not limited to the facilities, swimming pool, and grounds, is at my and my child's own risk. As a condition of my child's use of such services and facilities at The Marine Club, Curtis Institute, and/or Church Farm School, included but not limited to the facilities, swimming pool, and grounds, I, on behalf of my child (and my child's heirs and assigns) expressly agree to forever discharge, waive, and release the The Rock School for Dance Education, its directors, management, staff, servants, agents, employees, and/or independent contractors and their heirs, successors, and assigns from any and all claims, demands, injuries, liabilities, actions, causes of action and from all acts of active or passive negligence on the part of the The Rock School for Dance Education and its Directors, management, staff, servants, agents, employees, and/or independent contractors and their heirs, successors and assigns on account of any and all injuries or damages, including but not limited to bodily injury, mental injury, and/or property damage from any event, mishap, accident, loss, damage, or injury suffered by myself or my child resulting from or connected with or caused by the use of the services and facilities at The Marine Club, Curtis Institute, and/or Church Farm School, included but not limited to the facilities, swimming pool, and grounds. I further agree to defend, indemnify, and hold harmless the The Rock School for Dance Education and its Directors, management, staff, servants, agents, employees, and/or independent contractors and their heirs, successors, and assigns from any and all claims, losses, and liabilities arising from, connected to, and/or arising from my and/or my child's use of the services and facilities at The Marine Club, Curtis Institute, and/or Church Farm School, included but not limited to the facilities, swimming pool, and grounds.

I declare and affirm that my child is in good medical and physical condition, and use of the services and facilities at The Marine Club, Curtis Institute, and/or Church Farm School do not pose any danger to my child's health. I further agree to abide by the rules and regulations of the Curtis Institute, Church Farm School, and The Rock School for Dance Education as they now exist or may be amended in the discretion of The Rock School for Dance Education.

Signature of Parent/Guardian (or student if age 18+)

Date

SECTION FIVE: Permission to Leave the Building *(optional; not applicable to residence students)*

Required for students meeting parents outside the building. Not recommended for young students.

In order to provide a safe environment for our students, The Rock School does not allow students under the age of eighteen (18) to leave The School without an adult chaperone. If you wish to allow your student to leave The School without an adult chaperone, please complete this section.

Parent or Guardian will indemnify and hold harmless The Rock School from any and all claims, actions, and judgments including all cost of defense and attorney's fees incurred in defending against same, arising from and related to Student's leaving the Ballet Center during any part of Student's participation in activities at The Rock School's location. The Rock School shall be entitled, in its reasonable discretion, to settle claims prior to suit or judgment, and in such event Parent or Guardian shall indemnify and hold harmless The Rock School for any such claims paid, including The Rock School's reasonable attorney's fee incurred resulting for such claim. In the event either party files suit in a court of law to interpret or to enforce the terms of this Agreement, the party prevailing in such action shall be entitled, in addition to any legal fees incurred in defending against any claim, to its reasonable legal fees and cost incurred in such action to interpret or to enforce the terms of this Agreement. This Agreement shall be interpreted under the laws of the state of Pennsylvania. Parent or Guardian is legally responsible for Student who is a willing participant in activities at the Ballet Center at 1101 South Broad St, Philadelphia, Pennsylvania. The intent of the agreement is to indemnify The Rock School from any claims arising from and related to Student's attendance.

Signature of Parent/Guardian (or student if age 18+)

Date