TEAM _____

Oak Hills Dance Invitational
Medical and Media Release Form

I certify that _____ has no injury that would limit his/her participation in this competition. The signature below, completed by a parent/guardian, does hereby delegate to Oak Hills Local School District, its employees and volunteers, the authority to seek, obtain and approve any medical care and treatment for the named minor, which in their judgment is necessary for the health and well--being of the said minor during his/her attendance and participation in the Oak Hills Dance Invitational held on Saturday, January 23, 2027.

_____*I have read and accept the Medical Release statement above.*
(initial)

I give Oak Hills High School permission to use my child's name and image, in all forms of media, for use in conjunction with this competition.

_____*I have read and accept the Media Release statement above*.
(initial)

Oak Hills High School/Oak Hills Local School does not write or design shows that are used by any team, group or individual in this competition. Therefore OHHS/OHLSD will not accept responsibility for injury by any participant, worker or spectator at a competition.

_____*I agree to not hold OHHS/OHLSD responsible for any injuries, disease, or illness that may occur.*
(initial)

PERSONAL INFORMATION

Dancer's Name: _____ Birthday: _____
Address: _____
Parent/Guardian Name:_____ Cell Phone: _____
Emergency Contact Name:_____ Cell Phone: _____

MEDICAL INFORMATION

Allergies: _____
Chronic Conditions:_____
Medications: _____
Medical Insurance Co:_____ ID#: _____
Subscriber Name:_____ Home Phone:_____
Family Doctor:_____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____