



11. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Immunizations: OPV: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
(please give dates) DPT: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

MMR: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Other (i.e. Hepatitis) 1. \_\_\_\_\_ 2. \_\_\_\_\_ \_\_\_\_\_

### **Mohawk Valley Performing Arts Medical Release Form**

Dancer's name: \_\_\_\_\_  
(last name) (first name) (M.I.)

Date of birth: \_\_\_\_\_ (MM/DD/YYYY) Sex: \_\_\_\_\_ (M/F)

Father's name (or guardian): \_\_\_\_\_

Mother's name (or guardian): \_\_\_\_\_

Home mailing address: \_\_\_\_\_

(# street, P O Box, town or city, state and zip code)

Home phone \_\_\_\_\_ Father's work no. \_\_\_\_\_

Cell phone \_\_\_\_\_ Mother's work no. \_\_\_\_\_

Medical insurance: \_\_\_\_\_ Subscriber acct #: \_\_\_\_\_

In case of an emergency and neither parent can be reached contact:

Name: \_\_\_\_\_ Relationship to dancer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

**Please read and sign: In case of emergency I consent for emergency room physician or nearby provider to perform any treatment deemed necessary.**

Signature of custodial parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

COVID-19 Liability Release Waiver

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby release Mohawk Valley Performing Arts and Ballet Arts of Central New York otherwise known as ("MVPA, MVB, Ballet Arts of Central New York") it's instructors, independent contractors, participants, volunteers, and all other associates from liability for harm, theft, or injury that may be suffered by me and/or members of my family from or during participation in "Activities" events, and/or programs sponsored by MVPA.

The MVPA and Ballets Arts of CNY will follow any directives set forth by the Oneida County Heath Department, state of New York, or federal government in regards to any COVID 19 restrictions or variants related to COVID 19. Any change in directives set forth by local, county, state or federal government, will be communicated to all participants and parent/guardians in a timely manner.

I hereby acknowledge that I am voluntarily assuming full responsibility for all risks of physical injury arising out of active participation in audition, rehearsal, performance, other dance related activities. I acknowledge the contagious nature of COVID-19 and other contagious diseases and viruses and voluntary assume the risk that I and/or my children may be exposed to or infected by COVID-19 by attending and participating and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 and other contagious diseases and viruses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, independent contractors, volunteers, and program participants and their families.

I release Mohawk Valley Performing Arts and Ballet Arts of Central New York, its instructors, independent contractors, participants, volunteers, and all associates from liability for harm, sickness, injury or death pertaining to COVID-19 and other contagious diseases and viruses. I understand that there are NO refunds for registration fees, costume, performance fees or classes due to cancellations or closures due to the COVID 19 pandemic and or related future variants that may arise.

I understand that if named "participant" is exposed to COVID, that such exposure should be reported immediately to Ballet Arts of CNY or MVPA, immediately before attending any rehearsal, activity or performance. Failure to comply with reporting will result in immediate termination from participation. Any sickness or exposure will require the proof of negative COVID test from a medical facility or provider.

I understand that there will be no refunds due to any sickness that results in participant being unable to attend any audition, rehearsal, performance or activities related to MVPA or Ballet Arts of CNY. I also understand that any cancellations due to the ongoing COVID 19 pandemic will not result in a refund of previous fees paid.

I understand and agree to follow the policies and procedures set forth by the Mohawk Valley Performing Arts and Ballet Arts of Central New York. I understand that the participant must have this release form signed before attending the audition, subsequent rehearsals, and live performances.

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Parent or Guardian Signature

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Date: