



2020 Fall School Support

551 Thorn Run Road  
Moon Twp, PA 15108  
(412) 262-1638

APPLICATION AND EMERGENCY CONTACT INFORMATION

Date of Application \_\_\_\_\_ Enrollment Date Desired \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

School District \_\_\_\_\_ School Name \_\_\_\_\_ Teacher \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Home Phone/Cell \_\_\_\_\_ Home Phone/Cell \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Name and Phone Number of people to be contacted in an emergency (if parents are not available):**

1. \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_

**People who are authorized to pick up your child (other than parents):**

1. \_\_\_\_\_ PHONE \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_

Address \_\_\_\_\_

3. \_\_\_\_\_ PHONE \_\_\_\_\_

Address \_\_\_\_\_

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**Medical Information**

Pediatrician \_\_\_\_\_ PHONE \_\_\_\_\_

Address \_\_\_\_\_

HEALTH INSURANCE FOR CHILD \_\_\_\_\_

POLICY NUMBERS (REQUIRED) \_\_\_\_\_

PLEASE DESCRIBE ANY DISABILITY, SPECIAL NEEDS OR MEDICAL/DIETARY RESTRICTIONS FOR YOUR CHILD:

\_\_\_\_\_  
\_\_\_\_\_

I am Providing a copy of my child's IEP or IFSP and will update it every six months. **OR**  
 I am not Providing a copy of my child's IEP or IFSP and /or this is not applicable to my child.

I FURTHER GIVE MY CONSENT TO ALL EMERGENCY MEDICAL OR DENTAL PROCEDURES WHICH WOULD BE NECESSARY TO PRESERVE MY CHILD'S LIFE OR PREVENT PERMANENT IMPAIRMENT TO MY CHILD'S HEALTH.

\_\_\_\_\_  
Parent Signature Date

**ASSUMPTION OF RISK:** Participation in camp activities, dance, and gymnastics could involve motion, rotation and height in a unique environment and as such carries with it a reasonable assumption of risk. **WARNING:** Injury can result from improper conduct of the activity. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Pittsburgh Gym Partners LLC (owner of Carol Leone Dance, Gymnastics & Child Care), its respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the RELEASES herein), from all liability, claims, demands, losses, or damages on my account caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

Signature \_\_\_\_\_ Date \_\_\_\_\_