



**DAVENPORT CENTRAL HIGH SCHOOL**  
**1120 Main St. Davenport, Iowa 52803**

**EVENT FORM**

Student's Full Name:

Event: Blue Illusion Dance Tryouts

Location: Marshall Gym, Central HS

I, the undersigned parent/guardian, give permission for the above noted Student to attend Blue Illusion Dance Tryouts. Furthermore, I waive any claim I may have against the District for myself and/or on behalf of my Student, and I agree to indemnify and hold harmless the Davenport Community School District in the event of injury to Student while Student is participating in Tryouts.

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**In an emergency, when parent/guardian cannot be notified, please contact:**

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**List any know allergies, drug reactions, or other pertinent medical information. (diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)**

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