

Dancer #: _____

2005 IU Dance Marathon Dancer Registration Form

Dancer Information

Name: _____ Organization: _____

DOB: _____ - _____ - 19____ Campus Phone: _____

Social Security Number: _____ - _____ - _____ e-mail: _____

Campus Address: _____

Please list your favorite Professor at Indiana University: _____

Past Participant: ____ Yes ____ No How many years involved? _____

Did Riley Children's Hospital ever personally affect you? ____ Yes ____ No

Please explain your experience:

Guardian Information

Guardian Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Release Form

In consideration for the opportunity to participate in this event, which is sponsored by the Indiana University Dance Marathon Council, I hereby release their representative from any and all liability for injuries or damages that I may sustain as a result of my participation in the IU Dance Marathon. I also realize that any medical expenses incurred as a result of my participation in this event will be my sole responsibility. I am also responsible for any fines or punishment that I may incur if I am not canning according to the rules that have been set forth by the organization and any cities that I may be fundraising in and that I am participating in this activity at my own risk. In addition, I realize that the Indiana University Dance Marathon Council is not responsible for any lost, damaged, or stolen items, and will not refund any payments to the event. I understand that I am participating at my own risk and I release the Indiana University Dance Marathon Council and their Representatives from all responsibility.

Participant Name: _____

Participant Signature: _____ Date: _____

*****Office Use Only*****

Paid: ____ Unpaid: ____ Cash: ____ Check #: ____

Any money given to IU Dance Marathon will be considered a donation and is not refundable.

Medical Registration Form
(be sure to fill in ALL the blanks)

Name: _____

Student ID #: _____ Age: _____ Sex: M F

Home Phone: _____ Campus Phone: _____

Home Address: _____

Campus Address: _____

Medical History (check any that apply to you)

<u>Condition</u>	<u>Medication</u>
_____ Asthma	_____
_____ Other breathing problems	_____
Describe _____	
_____ Diabetic	_____
Are you insulin dependent? _____ Yes _____ No	
_____ Epilepsy/ Seizures	_____
_____ Heart Problems	_____
Describe _____	
_____ High Blood Pressure	_____
_____ Fracture or dislocation (recent)	_____
Describe _____	
_____ Surgery (recent)	_____
Describe _____	
_____ Headaches (frequent)	_____
_____ Contact Lenses	_____
_____ Other	_____
_____ None	

Allergies (please check all that apply)

_____ Penicillin _____ Aspirin _____ Tylenol

_____ Insect bites/stings (medication required _____)

_____ Foods (Describe: _____)

_____ Others (Describe: _____)

_____ Unknown if allergic to anything

_____ None

Emergency Contact

List someone you would want us to contact in case of an emergency.

Name: _____ Relationship: _____

Phone: _____ Address: _____

If you have been involved in a marathon of this type and duration before and have needed medical attention, please briefly describe what occurred.