Dance Class for People with Parkinson's Disease

Registration form

Part I – To be completed by Participant

Date _____
Name _____
Address _____
City/State/Zip _____
Phone (_____) _____E-mail _____
Date of birth _____
Primary diagnosis _____
Cause _____
Congenital _____Acquired _____ Date of diagnosis _____
Emergency contact _____
Relationship _____ Phone ( ) _____

Medical history

Allergy ____ Amputation ____(Level____) Asthma ____ Cerebral palsy_____
Diabetes ___ (Insulin? ____) Heart disease____ Heat related problems ____
High blood pressure ____ Multiple sclerosis ____ Head injury _____
Seizures ____ (Most recent ____ Number in past year ____) Stroke ____
Spinal cord injury (Complete ____ Incomplete ____ Level ____)
Visual impairment ____ Parkinson's Disease_____ (Stage_____)
Other (Explain) _____
Receiving outpatient therapy _____
Surgeries/dates _____
Medications (prescription and over the counter)
_____

I give permission to the dance class instructor, its representative, employees, and volunteers, to seek medical care in case of an emergency for the above person. I hereby release the Frist Position Dance and Movement Technology LLC, its representatives, employees, and volunteers from all liability for personal injury, illness or property loss or damage. I agree to allow the dance instructor, its agents, employees, and volunteers to take photographs and videos of my participation in the dance class for archival and promotional purposes (names will be withheld).

Signature _____Date_____
(Participant or parent/guardian if under 18)

Part two – To be completed by Participant's Physician

Date: _____
Name _____

Diagnosis/reason for referral_____
Restrictions: Yes ___ No ___
If Yes, explain_____
_____
_____

Name of physician (print) _____
Address _____
Phone _____Fax _____
Signature_____Date_____

Please bring with you to your first class or submit by mail or e-mail to
Citlali López-Ortiz, PhD, MA.
First Position Dance and Movement Technology LLC.
PO Box 1745
Evanston IL, 60204

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