



Reconciliation Dance Studio
**Health Information Form
for Barefoot Ballroom Class**

Does you have any allergies that we need to be aware of? Yes No

If yes, please list _____

In case of an emergency, is there anyone you would like us to contact?

Yes No If yes, please list below:

Name [please print] Phone Number

Are there any issues related to your health that we should be aware of (ie: asthma, anxiety, ADD, etc)?

Yes No

If yes, please explain _____

