

**I.U. Pre-College Contemporary Dance Program**  
**Department of Kinesiology**  
**School of Health, Physical Education and Recreation**

**Safety Form**

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

*I understand that Indiana University and the Pre-College Dance Program require that all students be accompanied by an adult to and from their scheduled classes. If I allow my child to walk to and from his/her classes without an adult, I understand that I am waiving the recommendation of Indiana University and the Pre-College Dance Program and that I, the parent am solely responsible for the safety of my child.*

*In Case of an emergency, I understand that the Pre-College Dance Program will contact me first, then Risk Management. If I cannot be reached, The Pre-College Dance Program will contact the first person on my **Emergency Contact List** and continue until someone is reached. If no one can be reached, I understand that the Pre-College Dance Program will contact the IUPD.*

**Emergency Contact Information**

*In case of an emergency, please contact:*

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

*If anyone other than those persons listed on my **Transport List** are picking up my child from the Pre-College Dance Program, I will contact the office 24 hours in advance and or send written notice with my child.*

**Transport List**

*I will allow my child to be picked up by the following adults:*

1. \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. \_\_\_\_\_ Relationship to child \_\_\_\_\_

3. \_\_\_\_\_ Relationship to child \_\_\_\_\_