

Sheer ELITE INTERNATIONAL
2019 Ballet Intensive Medical Authorization Form
Required for all students under the age of eighteen (18)

That I, _____, am the parent and/or natural guardian of _____ a minor under the age of eighteen (18)

in New York State and hereby authorize Sheer Elite International LLC, their agents, or employees to obtain whatever medical and/or hospital care and treatment may be deemed necessary, with their sole discretion, while my said minor is attending a Sheer Elite International Ballet Intensive at:

Steps on Broadway in New York City, NY on June 24-29, 2019.

Check for state and location attending above.

Dated and Signed: _____
Signature of Parent or Guardian

State of: _____

County of: _____

On the: _____ day of _____, 20____

Before me personally came and appeared _____

Known and known to me to be the individual described who executed the foregoing Medical Authorization and who duly acknowledged to me that he or she executed the same.

Notary Public

A copy of Birth Certificate must accompany this authorization if under the age of eighteen (18) years in the state the minor is born. This document may be reproduced for additional copies.

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sheereliteinternational.com