

Revolution Dance Permission Agreement

This form must be on file for any student participating in classes – one per family

Parent or Guardian:

Name of Student(s): Age:
..... Age:
..... Age:
..... Age:

- A. I/We understand that all classes take place at 835 N. 26th Street. I/We grant permission for my/our child to participate in all the activities that take place during class with the exceptions noted here:
.....
.....
- B. In an effort to promote a nurturing and safe environment for all students, we expect that all students will treat themselves and others with dignity and respect. Any behavior that would detract from the learning process or harm the safety of students will require that your child to be removed from the class and you will be notified of such an event.
- C. In an effort to promote a creative and supportive environment, it is imperative that **the classroom is for students and teachers only while instruction is taking place**. We welcome parents to watch classes via windows but it is important for the students' growth that there are no distractions within the classroom.
- D. I/We understand that I must pick up my/our child when class ends. The studio staff members are not responsible for before/after class care of your student – we cannot guarantee direct supervision due to continuing instruction. Fees will apply if you arrive late to pick up from any special and/or activity programs.
- E. I/We understand that all fees are non-refundable. You must be registered for automatic credit card charge authorization from. Tuition will be automatically charged to your credit card on the 1st of each month unless payment has been made in full prior. Any withdrawal or change to your registration must occur in writing 15-days in advance. Fees will apply for declined cards and NSF. Registration in the middle of the month is allowed and tuition will be pro-rated.
- F. In the event that classes are cancelled due to extreme weather or unexpected interruptions (such as electrical outages), students will be given makeup options for the missed classes or credit will be applied to your account.
- G. I/We grant permission for my/our child to be included in pictures, internet, and video promotions for the studio.
- H. I/We grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to the following: administer first aide, attempt to contact parent/guardian/emergency contact person, attempt to contact child's physician
- I. If we are unable to contact the parent, emergency contact person, or the child's physician, we will do any of the following: call another physician, call an ambulance, have the child taken to the closest emergency room in the company of a staff member in a staff vehicle
- J. The studio will not be responsible for anything that may happen as a result of false or incomplete information given on this form (at the time of enrollment) and we will update any changes to the emergency contact information to keep it current.
- K. We understand that the undersigned is responsible for any costs associated with the aforementioned medical treatments(s). Parents/legal guardians of minor students and adult students waive the right to any legal action for an injury sustained on studio property resulting from normal activity of the class/program.

I have read and understand the above policies and procedures and agree to abide by them. I understand that by enrolling in class, I am agreeing to abide by all of the policies listed above.

Signed: Date:

