

M.A. Dance Project Medical Release Form

Please Initial Each

_____ I understand tuition is due on the 1st of every month and is late on the 6th of the month.

_____ I understand I will receive a \$10.00 late fee if my tuition is turned in on the 6th of every month.

_____ I understand make-up classes are only allowed if my child is ill or a family emergency.

_____ I understand tuition is the same regardless of holidays, absences, studio closures and/or vacations.

_____ I understand if I choose to withdraw from the studio a 30 day written notice is needed and if my 30 day written notice is not turned in, I am responsible for that month's tuition.

_____ I understand tuition, costumes and performance fees are non-refundable and not transferable.

_____ I understand I, as a parent, am responsible for keeping up with studio calendars and happenings.

_____ I have read M.A. Dance Project's studio class rules, guidelines and policies and will respect them.

General Polices & Medical Release Form

This form is to authorize M.A. Dance Project, their agents, representatives and employees (hereinafter "the school") to obtain medical emergency assistance and to provide transportation for the child or self herein below named and to release the school from liability for injuries to children or self while on school premises or otherwise in the care of the school staff members, such as transporting children.

In the event I/We can not make arrangements for emergency medical attention at the time of illness or accident of my child or self, _____, (participants name), I hereby authorize any agent, representative or employee of the School to take my child or self to Dr. _____ (specify or indicate "any"), phone _____, address _____

_____ or to _____

Hospital where medication or medical assistance/services/procedures they may deem necessary for my child's or self well-being administered. The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement. I further understand and agree that the School, agents, representatives or employees may administer first aid in the event of minor injuries and family doctors will be called when, in the discretion of the School, it is deemed necessary.

I/We _____ guardian name, acknowledge that my child or self will be photographed or video taped for education and performance purposes.

I have read the foregoing polices and Medical Release Form and agree with it in all respects.

Print Name _____

Signature _____

Date _____