

Southern Middle School Dance Clinic

Name _____ Grade: 1 2 3 4 5 6 7 8 HS Adult
Address _____ Shirt Size: YS YM YL YXL AS AM AL AXL A2X

Parent's Permission/Waiver Form

I give consent for _____ to participate in, or help, in any capacity with the Dance Clinic at Southern Middle School on **Saturday, November 10th from 10am-2pm. Fee: \$20 per participate** and includes a **T-shirt (payment must be received by Saturday, November 3rd to guarantee size)**. Parents may enter the last 10 minutes (1:50pm) of clinic to watch participants perform. ***Make checks payable to Southern Middle School. In addition, there will be a food/tshirt concession stand available.** Please ensure your dancer has a packed lunch or money for purchases. Dancers are also invited to perform during the **Girls Basketball Southern vs Morton Game: Tuesday, November 13th.** Please arrive to Southern Middle by 5:30pm and report to the Orchestra Room: 21

The following activities may be a part of the SMS Dance Clinic

***POM *HIP HOP *STEP *KICK *JAZZ**

Statement of Hazards of Participation in Dance

Both the student and the parent/guardian must read carefully and sign.

We are aware that dancing or helping with, or participating in any manner in during the clinic can be a dangerous activity involving MANY RISKS OF INJURY. We understand that the dangers and risks of dancing or helping with or participating in dance clinic include, but are not limited to the following: death; serious neck and spinal injuries which may results in complete or partial paralysis; brain damage; and serious injuries to all internal organs; serious injuries to all bones, joints, ligaments, muscles, and tendons; and serious injuries or impairment to other aspects of the body, general health, and well-being. Because of the dangers of participating in dance, I (the student) recognize the importance of following the supervisors' instructions regarding dance techniques and instruction expectations, etc., and I agree to obey such instructions, be mindful of safe practices and the desirability of avoiding injury.

We (the student and the parent) state that we have read and understand the above statement and will abide by it.

Date: _____

Signature of Student

Date: _____

Signature of Parent/Guardian

Parent/Guardian Contact : _____ Email: _____

Home/Work Phone Number: _____ Cell Number: _____