

# American Dance Institute

## UNDER 18 – PARENT CONSENT FORM

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Hm. \_\_\_\_\_ Wk. \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Phone Number(s) \_\_\_\_\_

Primary Guardian Name: \_\_\_\_\_

Secondary Guardian (if different than designated financially responsible adult): \_\_\_\_\_

Guardian E-Mail address for important class updates (used only for ADI information): \_\_\_\_\_

**Please specify any medical conditions:**

- Medical Allergies and Food Allergies
- Epilepsy
- Other (please detail below)

**Please specify ALL MEDICATIONS currently being taken:**

**Parent consent:** Although every effort is made to create a safe environment, I realize there is always a risk of accident. If necessary, I authorize the American Dance Institute to administer first aid treatment and/or emergency treatment for my child on my behalf. I further release the American Dance Institute from all liabilities for injuries or damages arising out of personal injury of any kind. It is my responsibility to have my child picked up at the end of the scheduled class.

**Instruction and Contact Consent:** The training received at the American Dance Institute incorporates teaching methods used around the world. I understand that in order to provide my child with quality instruction, the instructors and assistants at the American Dance Institute will have hands on contact with my child. This vital component aids in learning proper body alignment, turn-out, and placement. I give my permission for this instructional contact to be made as part of my child's training. If this contact is uncomfortable for my child or myself, I will immediately advise the Institute. It is my responsibility to observe my child's instruction and to report any concerns immediately.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_