

22 Fee Fee Rd.  
Maryland Hts, MO 63043  
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dancefactorymo.com  
dancefactorymo@gmail.com

Building Dancers One Step at a Time

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, ZIP \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE (mom) \_\_\_\_\_

CELL PHONE (dad) \_\_\_\_\_ WORK (mom) \_\_\_\_\_

EMERGENCY NAME & RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

How would you prefer to receive information regarding charges, costumes, schedules, etc?

Note Home With Child      E-Mail Message      Other \_\_\_\_\_ (Please circle)

### PERMISSION TO ATTEND

In the event of an accident or injury (my child), \_\_\_\_\_ should be taken to \_\_\_\_\_ (hospital) for medical care. I give my permission to the staff of Dance Factory, Inc. (staff or any volunteer in charge at the time), to seek medical care for my child in my absence.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

\_\_\_\_\_ (child name) has my permission to attend Dance Factory, Inc. Dance Classes and/or Cheerleading/Dance Camps and use any photos, etc to be used as advertising materials. I/We, \_\_\_\_\_ (parent name) intending to be legally bound, hereby assume all responsibility for any injury or accident, however great, which may occur to my child/children or myself, while taking part in dance programs, in the care of Dance Factory, Inc., it's staff, employees or volunteers. I understand that accidental injury is possible in activities, such as dance, tumbling, field trips, etc., and sign this permission slip in light of this understanding. I also release Dance Factory, Inc., Staff, Julie and Ryan Fox, or any one associated with Dance Factory dance programs from any loss, including legal fee and awards from damages from a legal action on behalf of myself or my child/children as a result of injury or loss, however great, during the scheduled events. With this, I certify that all medical expenses, should an injury occur, are covered by my insurance policy which will be in force during all programs.

PARENT OR LEGAL GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Relationship if surname is different from child's \_\_\_\_\_