

# Linda Lee Dance Studio

2801 Columbus Avenue

Sandusky, OH 44870

419-357-4319

## CONSENT FORM

2020-2021 Dance Year

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

2nd Emergency Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

I, the parent or legal guardian of \_\_\_\_\_, give consent for my child to participate in dance classes at Linda Lee Dance Studio. I acknowledge and agree that participation subjects the participants to possible physical illness and injury. I understand that Linda Lee Dance Studio does not carry medical insurance for the students. I acknowledge that I cannot hold the studio or its employees liable for any injury that may occur to my child. In the event of such injury, if parent or legal guardian cannot be reached, I authorize Linda Lee Dance Studio to obtain medical treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I acknowledge that I have read the Linda Lee Dance Studio policy handbook. By signing this consent form, I acknowledge that I understand and accept the rules and policies stated in the handbook.

I acknowledge and understand that tuition payments must be paid by the 1st of each month, and a \$10 late fee will be assessed for all late payments. I further acknowledge that non-payment of tuition will result in removal from classes until tuition is brought current.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date