



School of Contemporary Dance 2009-2010 Consent Form

STUDENT NAME

BIRTHDAY

LIST STUDENT'S ALLERGIES

Parental Consent/Responsibilities (Must be read and completed)

Kinetics Dance Theatre will not be responsible for administering medications to the student.\

My child has permission to be photographed, interviewed or videotaped while attending Kinetics Dance Theatre for possible use in marketing.
Yes _____ No _____

I approve of my child's enrollment in Kinetics dance classes and with appropriate student behavior. I understand that appropriate dress is required for all dance classes including footwear and all hair must be pulled back away from the face.

I certify that the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to notify Kinetics of any change in the information in this registration. I will take financial responsibility for my child's tuition payment to Kinetics Dance Theatre.

Parent Signature

Date



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