

PLEASE COMPLETE PERMISSION SLIP

2170 Tyler Lane

Louisville, Kentucky 40205

Assumption High School Dance Team Clinic Permission Slip

I, the parent/guardian of _____, would like for my son/daughter to participate in the Dance Clinic at Assumption High School on November 5, 2016. I understand my son/daughter will be receiving dance instruction from members of the Assumption High School Dance Team and taking part in activities designed to improve his/her dancing. In consideration of the clinic activities, I hereby release and save harmless Assumption High School and any and all employees of that school from any and all liability for any injuries, loss, or other claims arising out of or resulting from participation.

Signature of Parent/Guardian: _____

Date: _____

Child's Name: _____

Address: _____

City, State, Zip: _____

Age: _____ Grade: _____ School: _____

Allergies: Y/N

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Email: _____

Emergency Contact: _____ Phone: _____

Relationship to child: _____

T-shirt size: ___YS ___YM ___YL ___YXL ___AS ___AM ___AL ___AXL

Please make checks payable to: **Assumption High School Dance Team**

Mail your check and completed registration to:

Ashley Flaker/360 Dance

11401 Plantside Drive

Louisville, Kentucky 40299

**Please make sure permission
slip is completed and signed!**