

Dance Palace After-School Kids Musical Theater Program Sign up Sheet

ALL INFORMATION MUST BE COMPLETE BEFORE ACCEPTANCE

Date: _____ **INV#** _____
Name of Parent: _____
Name of child(ren): _____
School _____ **Grade** _____
Address: _____
Emergency/Contact name: _____ **Phone#** _____
Home phone# _____ **Email:** _____

Begins Jan 18,2010					
Laura Alderdice					
Afterschool Mondays 3:15-5:00					
Performance dates: May 14-15-16					
Fee for attendance		160.00			
Subtotal					
Scholarship Deduction**					
Invoice Total Due					

**Scholarship applications are available with the teacher. We would like you to submit it along with this sign up sheet.

We encourage all parents to contribute some time to the final performance. Whatever gift you may have, we encourage you to share it with us. We always need help with costumes, sets, program design, goodies for the concession table the night of the performance, set up of stage and hall, break down after the performances and help with the calling tree to better communicate with the parents. Please let us know what you would be willing to participate in. Thank you!

I would be interested in helping with the following: _____

**Dance Palace After-School KMT Program Sign up Sheet
INFORMATION DISCLOSURE**

Please read carefully. Please see the Afterschool instructor or Dance Palace staff if you have any questions or need further explanations before signing this agreement:

- I have received and read the Information and policies and understand that it is part of the registration agreement. I agree to comply with the Afterschool Program policies and all other items specified in it.
- I grant permission for my child to participate in all the Afterschool activities.
- I am aware of the school year calendar with regard to holidays and minimum days, and understand the Afterschool Program does not meet on these days.
- I grant permission for the Afterschool Program to take whatever steps may be necessary to obtain emergency medical care for my child.
- I am aware that my child must be signed in upon arrival, and out upon departure by an authorized adult.
- I understand that I have the right to visit and observe the Afterschool Program at any time my child is in attendance.
- I understand that my signature on this form constitutes a contractual agreement.
- As parent or guardian, I give permission for my child to attend the Dance Palace Afterschool Program and to receive emergency medical treatment if I cannot be located.
- I give permission for sunscreen and/or antibiotic cream to be used on my child if necessary.
- I authorize the staff to administer first aid as well as to dispense medication brought to camp by the camper.
- I give the Dance Palace permission to use any group or individual photographs, art, and writing from the Afterschool Program for publicity, promotion and grant proposals.
- I agree to release and hold harmless the Dance Palace, its employees, officers, directors, agents, and contractors from all liability for any personal injury, property damage, loss, insurance costs, and all liability incurred as a result of my child's participation in camp. These terms serve as a release for myself and members of my family.
- I have read the forgoing and certify my agreement by my signature below.

Signature of parent or legal guardian:

Date:

Please complete this form and drop it by the Dance Palace office, or mail it to:
Dance Palace, Box 217, PRS, CA 94956