

Try Out Class Slip

Student Name: _____

Parent Name: _____

Phone: _____

E-mail: _____

Address: _____



1. Class: _____ Teacher: _____ Day: _____ Time: _____
Teacher approval _____ (or) Alternate class suggested _____

2. Class: _____ Teacher: _____ Day: _____ Time: _____
Teacher approval _____ (or) Alternate class suggested _____

3. Class: _____ Teacher: _____ Day: _____ Time: _____
Teacher approval _____ (or) Alternate class suggested _____

Disclaimer

Teacher must approve enrollment
Additional trial classes will be subject to a \$15 charge

I authorize Foothills Dance & Performing Arts Studios instructors or staff to administer first aid and to obtain medical care for my child, _____ in the event of an accident or injury. This emergency consent form along with the medical information verifies that the above named participant is in good health and has her/his doctors approval to participate in dance, exercise or theatrical classes. I acknowledge that Foothills Dance & Performing Arts Studio has no medical insurance coverage and will not be held responsible for injuries. In the event of an accident or illness involving the participant, the parent/guardian will be notified immediately. If I cannot be notified, Foothills Dance & Performing Arts may contact one or both of the two names listed above. In the event of an emergency and I cannot be contacted, I hereby authorize Foothills Dance & Performing Arts Studio to take any steps it deems necessary to obtain medical attention. I the undersigned parent/guardian of, _____ a minor, of hereby authorize Foothills Dance & Performing Arts Studio as agents to consent x-ray examination, anesthetic, medical or surgical diagnosis or treatment and or hospital care which is deemed advisable by and is to be rendered under the general or special supervision and upon the advice of any physician and surgeon license under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility. It is understood the authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific care which the aforementioned physician may deem advisable. I agree to be responsible for all costs incurred as a result of the foregoing. This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code.

Parent/Guardian Signature or Adult Participant

Date