

**MEDICAL AND TRANSPORTATION AUTHORIZATION**

**FOR 2008/2009 SEASON**

This form is to authorize CenterStage Dance LLC (504 A South Main, Stuttgart, AR 72160; their agents, representatives and employees hereafter "the school") to obtain medical assistance and to provide transportation for the student herein below named, and to release "the school" from liability for injuries to the student while on school premises or otherwise in the care of school staff members, such as transporting the student.

In the event that I, \_\_\_\_\_ (parents/guardian) cannot make arrangements for emergency medical attention at the time of illness or accident of my child, I hereby authorize "the school" to take my child to: Dr. \_\_\_\_\_ or to \_\_\_\_\_ hospital, where medication or medical procedures they may deem necessary for my child's well being will be administered. The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement.

I further understand and agree that "the school" may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of "the school", it is necessary.

I/We, \_\_\_\_\_ represent that I am parent/guardian of the child named below and I am fully responsible for the care and well being of the child. I agree that "the school" shall not be liable for any damages, claims or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of any other person as a result of my personal injury to the child named below while on premises of the school or otherwise in the care of "the school" including any such injuries sustained while the child is being transported as herein authorized and hereby agree to indemnify and hold harmless "the school" and servants, whether paid or volunteer, against any and all claims which any arise from any injury to said child while participating in or being transported to programs of "the school". Provided, however, "the school" shall be liable for injuries resulting from gross negligence of "the school", or injuries intentionally inflicted by "the school".

I/We, \_\_\_\_\_ acknowledge that my child will be video-taped or photographed for educational or performance purposes.

**I/We, \_\_\_\_\_, understand that Tuition will either be drafted from my account or the amount will be paid in full each semester. Monthly tuition is due on the 1st of each month. That tuition remains the same whether it's a long (5 week) or short (3 week) month and regardless of absences, vacations or holidays. I also understand that a \$20.00 NSF fee will be assessed to my account if the monthly draft does not clear.**

**I/We, \_\_\_\_\_, understand that in order to withdraw from CenterStage Dance, written notification is required before the 1st of the upcoming month to avoid further billing, and also understand that tuition is due for the month in which you drop.**

**I/We \_\_\_\_\_, understand that registration for classes is a commitment to CenterStage Dance. A processing fee \$25 per class will be charged if I choose to change classes for any reason.**

I have read the foregoing Tuition/ Registration Policies and Medical/Transportation Release and agree with it in all respects.

Print Student's Name	Signature of Parent/Guardian
Emergency Contact	Phone Number
	Date

THIS ABOVE SIGNED DOCUMENT DOES NOT COVER CHILDREN THAT ARE VISITING THE STUDIO PREMISES OR ARE NOT IN CLASS. ALL CHILDREN SHOULD BE CHAPERONED AT ALL TIME WHEN NOT IN CLASS OR VISITING STUDIO. WE ARE NOT RESPONSIBLE FOR CHILDREN THAT ARE NOT OUR STUDENTS AND ARE NOT IN A SUPERVISED CLASS WITH A TEACHER.

**WE RESERVE THE RIGHT TO ASK CHILDREN OUT OF CONTROL WHILE AT STUDIO TO LEAVE ALONG WITH PARENT /GUARDIAN.**

I HAVE READ THE ABOVE STATEMENT AND AGREE TO THE STUDIO RULES STATED AS SUCH.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_