



I have read and understand the Course Syllabus for the DANCE class(es) in which my student is enrolled at PAPA  
(Ballet, Contemporary, Hip Hop, Jazz, and/or Musical Theater)

**Due: August 31, 2018**

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Parent/Guardian Contact Information:**

Email \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Please note that in addition to the course syllabus, you must complete the FIELD TRIP/HEALTH FORM for the SPRING DANCE SHOW, Dance Department Addendum, and sign a liability waiver.

Please list any physical or medical conditions that your teacher might need to know about. Note that the teacher may ask for a doctor's release before the student is allowed to participate.

All information remains confidential, as per HIPAA and FERPA regulations.