



**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).**

**This document also serves as consent to the PUBLICITY and LIABILITY WAIVER and the DANCE DEPARTMENT ADDENDUM**

**Due: August 31, 2019**

**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.**

**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.**

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