

Pennsport School of Dance

Parental Consent Form

Child's Name: _____ **Age:** _____

I hereby give permission for my daughters and/ or sons to participate in all dancing or gymnastic activities at the Pennsport School of Dance. I understand that tumbling, dancing and physical activity is involved in the dance program. I also understand that the use of some gymnastic equipment may be involved in the Gymnastic program.

I release Pennsport School of Dance, their employees, supervisors, counselors and volunteers from any liability resulting from an injury incurred by my child while attending any dance sessions or recitals. I understand that every effort will be made to provide reasonable care by the staff. In case of such an emergency, please provide us with your home and cell number, as well as an emergency contact number in the event you cannot be reached.

Parental Signature Here: _____

Parent's Home number: _____

Parent's Cell number: _____

Emergency Contact number: _____

Date: _____

**Thank You,
Pennsport School of Dance
1632 S. 2nd St.
Phila. PA 19148
215-334-2002**