

# **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 and/or gym 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.**

Parent/ guardian Signature Here: \_\_\_\_\_

Date: \_\_\_\_\_

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