

SBA Dance Team Permission Form

My child, _____, has my permission to participate in the St. Benedict at Auburndale Dance Team Clinic & tryouts, and optional pre-tryout classes. I hereby authorize the coaches, sponsor, coach or person in charge to seek medical assistance for my child in any emergency requiring medical attention. I hereby waive and release the coaches, sponsor and St. Benedict at Auburndale Administration, or whoever may be in charge at the time from any and all claims, actions, demands or rights to monetary judgment arising from any and all injury or physical harm which may arise from or be sustained as a result of participation by my child and/or legal ward in the various programs of instruction, practice or physical participation in any activity associated with the SBA Dance Team. Further, I agree to save, indemnify and hold harmless St. Benedict at Auburndale, and its dance team coaches and sponsor for any injuries or other damages resulting from the application of emergency treatment.

I know of no medical problems that may affect my child's ability to safely participate in SBA Dance Team classes, clinics, tryouts or other activities. I will be responsible for any medical or other charges in connection with my child's participation in SBA Dance Team classes, clinics, tryouts or other activities.

If my child makes the team, this permission form is in effect at all times when my child is participating in all activities both at school and away pertaining to St. Benedict Dance Team for 2011-2012

No deduction or refunds will be made after classes and/or clinics start for dismissal, withdrawal, or absences. Refunds will be made on a prorated basis for serious illness or hospitalization only.

(Required) Parent Signature _____

Date _____ Student's Full Legal Name _____

Parent's name: _____ phone#: _____

My insurance requires my child to be taken to _____ hospital.*

Doctor's name & phone: _____

Insurance name & phone: _____

Group # _____ Policy# _____

In case of an emergency please contact: _____

*The most convenient source of medical help may be used in emergency.