

Linda Lee Dance Studio

2801 Columbus Avenue

Sandusky, OH 44870

419-357-4319

CONSENT FORM

2024-2025 Dance Year

Student Name _____

Parent Name _____

Emergency Phone Number: _____

2nd Emergency Phone Number: _____

Address: _____

Email: _____

I, the parent or legal guardian of _____, give consent for my child to participate in dance classes at Linda Lee Dance Studio. I acknowledge and agree that participation subjects the participants to possible physical illness and injury. I understand that Linda Lee Dance Studio does not carry medical insurance for the students. I acknowledge that I cannot hold the studio or its employees liable for any injury that may occur to my child. In the event of such injury, if parent or legal guardian cannot be reached, I authorize Linda Lee Dance Studio to obtain medical treatment.

Signature

Date

I acknowledge that I have read the Linda Lee Dance Studio policy handbook. By signing this consent form, I acknowledge that I understand and accept the rules and policies stated in the handbook.

I acknowledge and understand that tuition payments must be paid by due date each month, and a \$10 late fee will be assessed for all late payments. I further acknowledge that non-payment of tuition will result in removal from classes until tuition is brought current.

Signature

Date