

Mindy's Jessamine School of Classical Dance
315 North Main Street ~ Nicholasville, Ky. 40356
(859)881-0851

Date _____

Student's Name _____ Birth date _____

Class Day(s) & Time(s) _____

Parent's Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Work # _____ Cell# _____

Emergency #'s

E-mail

Release form - Date

I give my child _____, permission to participate with Mindy's Jessamine School of Classical Dance. I also release Mindy's JSCD and its owner(s) and teacher(s) from all forms of liability. I do understand that injuries could be sustained from this activity, however unlikely. In case of injury, I give permission to Mindy's JSCD to contact Dr. _____ Phone Number _____ or any other Physician to treat my child. I prefer my child be taken to _____ Hospital, if time allows a choice, but to any accredited Hospital if time is of an essence. My child is free of any medical problems which would prevent them from participating in this activity. This authorization continues until revoked by the undersigned.

Signature of Parent/Legal Guardian _____ Date _____

Witnessed by: _____ Date _____

Photo Release Form for Mindy's JSCD	
I hereby give permission to Mindy's Jessamine School of Classical Dance to use my child's photograph for brochures, newsletters, advertisements, web site, etc.	
Student Name	
Parent Name	
Parent Signature	
Date	