



**25476 FRIENDSHIP ROAD * DAPHNE, ALABAMA 36526
(251) 621-3980**

RELEASE: The following must be signed by a parent or guardian before any student will be accepted to The Baypointe Dance Academy.

I understand that all precautions have been and will be taken for the safety of my child/children.

I hereby release Baypointe Dance Academy and all respective agents and/or employees from any liability for personal injury or death or damage or loss of property incurred because of the result of my child's participation in dance or tumbling, regardless, of whether caused by the negligence of said parties or otherwise.

INSURANCE: I understand that Baypointe Dance Academy does not carry medical insurance for its students and that it is **REQUIRED** that all students be covered by their own families insurance policies and that if an injury occurs it is understood that the student's family policy is my/our **ONLY** source of reimbursement.

I have received, read and understand The Studio Information and Policies 2016 – 2017.

Child's (Children's) Name

Date: _____ Parent or Guardian: _____

I hereby give permission for my child to be transported to the nearest doctor or hospital in case of injury or emergency if unable to locate parent or guardian.

Parent or Guardian

EMERGENCY NUMBERS:

1. _____
NAME RELATIONSHIP PHONE

2. _____
NAME RELATIONSHIP PHONE

