

**The Pennsylvania School of the Performing Arts**

2324 Second Street Pike • Wrightstown, PA 18940 215.598.8513 • PSPAstudios.com

**Trial Class Drop In Waiver 2017-2018**

**TODAY'S DATE**

\_\_\_\_\_  
\_\_\_\_\_

**DAY of Week** \_\_\_\_\_

**What class are you taking today?:** \_\_\_\_\_ **Time of class**

\_\_\_\_\_

**Student's Name:**

\_\_\_\_\_  
\_\_\_\_\_

**Parent's Name:**

\_\_\_\_\_  
\_\_\_\_\_

**Student's Birthday:** \_\_\_\_\_ **Age:**

\_\_\_\_\_

**Address:** \_\_\_\_\_ **City**

\_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent Email Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Home Phone Number:**

\_\_\_\_\_  
\_\_\_\_\_

**Mom's Cell Phone Number:** \_\_\_\_\_ **Dad's**

**Cell :** \_\_\_\_\_

**Emergency Contact (other than parents): Name**

\_\_\_\_\_

**Emergency Phone:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list all allergies/injuries or any problems:**

\_\_\_\_\_  
\_\_\_\_\_

**Waiver:**

I/We hereby waive, release, absolve, indemnify and agree to hold harmless PA School of the Performing Arts /Spirit in Motion Ballet Theater, their agents, volunteers, staff, assistants, officers, Board of Directors, members, from any and all claims, suits, damages, attorneys fees, court costs, or loss resulting from any cause whatsoever, including negligence, arising out of myself and my child's participation in classes, rehearsals, other activities and performances, of PA

School of the Performing Arts/SIMBT. I/We hereby give my/our permission to call for medical attention required for illness or injury while attending PSPA/SIMBT. I/my child is in good physical health. I/We agree that PSPA/SIMBT its staff, assistants, members, officers and Board of Directors shall not be responsible for any medical fees. PSPA/SIMBT reserves the right to dismiss a student from class/any PSPA/SIMBT event in the event of communicable illness (i.e. flu, chicken pox, lice etc...). A doctor's note may be required before the child can return to an event or class. I/We give permission to take/use photographs/video of me and my child participating in classes, performances, and activities for promotional use. I/We have read and understand the policies above.

**Student's Signature (if over 18):** \_\_\_\_\_ **Today's**  
**Date:** \_\_\_\_\_

**Print Parent (s) Name**

\_\_\_\_\_  
\_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_