Acknowledgment of Studio Policies and Emergency Medical Treatment Authorization
2013-2014

Name:_____

Please complete and return this form to COPA

As a student (or the parent/guardian of a minor student) at the Centre of Performing Arts (hereafter referred to as COPA), I understand that COPA staff will make every reasonable effort to insure the safety of persons involved in activities at COPA. I further understand that COPA will not be responsible for any accident or injury that may occur and I hereby expressly waive any claim for liability against COPA, including its employees and representatives, and release them from all liability in connection with classes at COPA and dance related activities away from the studio. It is assumed and recommended that all students have medical insurance. By signing below, I agree that my child is covered by health insurance. In case of medical emergency, I understand that every effort will be made to contact parents or guardians. In the event that they cannot be reached, I hereby give permission to CoPA staff to secure medical treatment for my child. In signing below, I also acknowledge that I have read and understand studio rules and policies. My child's dance photography may be used in advertisement of CoPA, without use of the student's name.

_____

Day Phone Evening Phone

Medical Information* (in case of emergency - drug allergies, etc.)

_____

_____

Signature (Parent/Guardian, for minors)

_____

Date_____

e-mail address (used for studio communication)

_____

*If there are medical conditions of which staff should be informed, please attach a written explanation, and also please give the instructor a copy of that note as well, and if appropriate a doctor's note that participating in dance instruction of any kind is allowable.

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Web: www.COPA-Dance.com