



BUDDY DAY PERMISSION FORM

Thank you very much for your interest in Broadway Bound. We are excited that you are coming to Buddy Day with us. We are committed to providing a healthy environment, which allows students to enjoy themselves while learning to dance and perform. This studio is run by New York Dance Professionals who maintain a personal yet professional approach to dance.

We want you to enjoy your class but we are also very concerned about your child's safety and well being.

Please fill out the release statement below in order to attend Buddy Day. .

Please complete and sign:

Students Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, (your name) \_\_\_\_\_ realize my child/children will be participating in a physical activity, and as such, I realize there is an element of risk involved. I do not hold Broadway Bound or its teachers responsible for any injury that may occur.

In the event of an accident or illness of my (child/children's name) \_\_\_\_\_ I will be notified immediately. My alternate phone number is \_\_\_\_\_. In the event I cannot be contacted, I hereby designate (name) \_\_\_\_\_ as the person to be contacted. Their phone number is \_\_\_\_\_.

In the event that neither of us can be contacted, I hereby authorize Broadway Bound to take any steps it deems necessary that may be in the best interest of my child. In such event, I further agree that the cost of any medical services shall be borne exclusively by myself.

\_\_\_\_\_  
Printed Name of Parent or Gaurdian

\_\_\_\_\_  
Signature of Parent or Gaurdian

\_\_\_\_\_  
Date