



PERMISSION TO RIDE IN CAR

I \_\_\_\_\_, Give my child \_\_\_\_\_, permission to travel with any teacher or assistant from STEPS Performing Arts Center in their vehicle or van from their designated school for the 2008-2009 school year. I understand that accidents can happen & take all responsibility for my decision to let my child ride with any employee of STEPS. I accept full liability and the knowledge that no STEPS employee can be held responsible for any bodily harm or injury that happens during transportation.

X \_\_\_\_\_

Parent's Signature

Date

MEDICAL RELEASE

I \_\_\_\_\_, the parent or legal guardian of, \_\_\_\_\_, gives permission for any employee of STEPS Performing Arts Center to seek medical attention for my child during the 2008-2009 school year. I also agree to be financially responsible for any and all expenses incurred while seeking medical treatment for my child.

X \_\_\_\_\_

Parent's Signature

Date

RELEASE OF CHILD

In addition to myself the following people are the only ones eligible to pick up my child from the After School Program. I understand that they will have to have a copy of their driver's license on file. If for any reason I need someone else to pick up my child I must notify STEPS in writing at least twenty-four hours in advance.

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

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

PARENT CONTRACT

By signing below you are stating that you understand and will comply with the following: Parent understands and expressly assumes all risks involved in connection with dance instruction, rehearsal and training at STEPS, including but not limited to risk of bodily injury occurring as a result of contact with other people or equipment. I also give STEPS permission to use my child's likeness and name(s) for advertising, publicity or publication. Parent also understands that payment is due at time of service and that all costumes and program fees will be paid even if student decides to drop during the school year. I do realize that I must notify STEPS in writing by the 15<sup>th</sup> of the month proceeding the month I plan to quit. And I also understand that since the spot is being held for me I will continued to be charged until I give a written statement that I will not be returning. I will pay all balances incurred with STEPS Performing Arts Center.

X \_\_\_\_\_

Parent's Signature

Date