

STAGE AND SCREEN ACTING STUDIO

RELEASE/ FORM

Please print and bring to first day of class!

I, (*Parent or guardian's name printed*) _____

Herby release and hold harmless Dixie Lee Sedgwick, Stage and Screen Acting Studio and Turning Point Church of any responsibility for injury or mishap which may occur to

(*child's name printed*) _____ while attending classes at Stage and Screen Acting Studio/Turning Point Church 1020 E Pleasant Run Rd. DeSoto, TX 75115

(parent guardian signature) _____

(date) _____

To provide the best safety please provide us with the following information:

The following people are authorized to pick up my child (please include names of parents):

Mothers cell phone _____ Fathers cell phone:

Emergency contact name and number: _____

Does your child take any medications or have any special needs? Please explain:

I GIVE PERMISSION FOR EMERGENCY CARE TO BE ADMINISTERED TO MY CHILD

(parent signature)

(date)

(please read the important information as it will answer most of your questions and if not, please shoot me an email!)