

Invite a Friend Dance Week - September 9th-September 13th, 2025

Child's Name _____

Birthday: ___/___/___ Age: _____ Current Grade: _____

Parent Email Address: _____

1. Parent Name: _____

Home Ph: _____ Cell Ph: _____

2. Parent Name: _____

Home Ph: _____ Cell Ph: _____

Medical Concerns or Allergies/Special Instructions:

Emergency contact person if parents cannot be reached:

Name _____ Relation to child _____

Phone _____

Phone _____

Please read and sign the liability waiver below. Thank you!

Invite a Friend to Dance Class Liability Waiver

I hereby give my permission for _____ to attend and participate in Iowa Ballet Academy's Invite a Friend to Dance Class Week. I do herewith authorize emergency treatment to be given if necessary only after a reasonable effort has been made to reach us/me the parents or emergency contact. I, the undersigned, do hereby release and agree to hold harmless the Iowa Ballet Academy from any and all liabilities or claims for personal injury or illness which may be incurred by my child while attending and participating in Invite a Friend to Dance Week.

Child's Name (please print) _____

Parent Signature _____

Date _____