Lucaipa Dance

2024 Recital - Consent to Participate Form

Parent/Guardian Name:

Email & Phone:

Dancer Name(s):

Name/Day/Time of Class(es) your dancer(s) will be performing in:

(PLEASE LIST ANY ADDITIONAL CLASSES ON THE BACK OF THIS FORM)

Please measure your dancer(s) and use the proper **Costume Company Size Chart** to enter the correct size for your dancer(s) below. **WEISSMAN** Size Chart: **A WISH COME TRUE** Size Chart:

REVOLUTION DANCE Size Chart:

» In order to participate, this form is due back by **January 20<sup>th</sup>** with each Costume payment «

## Please understand that by marking "Yes" below you acknowledge and consent to all of the following:

- I will be responsible for a \$40 non-refundable production fee/ \$30 for additional dancers. (Due MARCH 16<sup>th</sup> 2024)
- My dancer(s) must be registered and attend their regularly scheduled class(es) from now through the date of the recital.
- I understand that my dancer may not perform if they are at all ill.
- I will be responsible for purchasing the correct costume for each dance my dancer(s) consent to perform in the show.
- I understand that ALL dancers are required to attend ALL assigned rehearsals and performances as well as be required to stay backstage the entire length of the show unless noted by the instructor.
- I understand that my dancer(s) tuition must be current each month in order to participate in the performance (s)
- I have read, understand and agree to abide by all of the production policies stated on this form.

YES! \_\_\_\_\_ My dancer(s) WILL be participating.

NO, thank you. \_\_\_\_\_ My dancer(s) will NOT be participating.

Parent/Guardian Signature:

Date:

Sign here to authorize card on file payment for production fees & costumes: