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Welcome dancers and parents to *The South-East School of Dance*. We are very excited about the start of the dance season, and can't wait to get things rolling. As the season begins, there are a few things we need to draw your attention to, and ask you to confirm for us:

- 1) I have read the policies of *The South-East School of Dance*, and agree to respect the centre, and all its contents;
- 2) I agree to allow my child's photographs and/or quotes of dance involvement with Southeast School of Dance for future promotional purposes;
- 3) I have informed *The South-East School of Dance* of any allergies and/or medical issues which my child may need assistance with, for example- an epi-pen, inhalers, etc.
- 4) I have received and agree to follow the dress code, and will make a concentrated effort to be on time for all classes unless I have let the instructor know in advance that I will be late or absent, to ensure efficient progress in the our class(es).

**I, the undersigned, understand that participation in any Steinbach Arts Council (SAC) activity involves a risk of accidental injury despite all safety precautions. Therefore, as a parent and/or guardian, I will assume all risks (injury or illness) for my children and family members that may occur during participation in any program activities held onsite at the Steinbach Cultural Arts Centre, or held offsite from these premises or while in any use of the facilities at the Steinbach Cultural Arts Centre. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my child's health and safety. I understand medical expenses are my responsibility. By signing this form, I acknowledge that I am aware of the potential risks for participating in activities and programs of the SAC and agree to in no way hold the management, agents, or employees of the SAC liable for any injury that my child may sustain. I understand that all personal information and any medical information, including my MHSC number, is confidential and for use of SAC staff only, and will not be released for any other purposes without my consent.**

**I have read, understood and agree to the above statement.**

\_\_\_\_\_  
 Class Name

\_\_\_\_\_  
 Day

\_\_\_\_\_  
 Time

\_\_\_\_\_  
 Dancer's Name (please print)

\_\_\_\_\_  
 Parent/Guardian (please print)

\_\_\_\_\_  
 Parent/Guardian Signature

**Provincial Health Registration Number (MHSC):** \_ \_ \_ \_

**Personal Health I.D. Number:** \_ \_ \_ \_

**Doctor's Name & Phone #** \_\_\_\_\_

**Emergency Name & Phone # (other than Parents):** \_\_\_\_\_

**Allergies & Medication (attach extra sheet if needed):** \_\_\_\_\_

Thank you for your cooperation, and enjoy a great year of dynamic, dancing fun.