

Fireside Academy's Teen Dance Permission/Emergency Contact Form

Name of Student:	Age*:	Allergies or Medical Conditions:
_____	_____	_____
_____	_____	_____
_____	_____	_____

** Attendees must be between the ages of 13-18, or 19 for homeschoolers.*

I give permission for students listed to attend Fireside Academy's Teen Dance on Friday, January 18, 2019. In case of an emergency, I give permission for my child to receive medical treatment.
Please contact:
Emergency contact name and PHONE: _____

Signed (Parent/guardian): _____

Confirmation email address: _____

No tickets will be printed – confirmation email will be sent and a list of names will be at the door.

Payment and permission slip MUST be received for entry to the Teen Dance. Payment can be made via PayPal to shannonentin@gmail.com, in cash at Fireside, or by check made out to Fireside Academy. If you need to mail payment, please contact shannonentin@gmail.com for address.

Admission paid by December 31, 2018 is \$20.

Admission paid by January 15, 2019 is \$25.

After January 15th, admission is \$35. Payment will be taken at the door.

Tickets are non-refundable except in the case of inclement weather.

Release of Liability

I, and my heirs, in consideration of my participation at Fireside Academy's Teen Dance on Friday, January 18, 2019 at Christ UCC Church, 75 E. Market St. Bethlehem, PA, do hereby release Shannon Entin, Joy Scott, Fireside Academy, its officers, families, and agents, Christ UCC church, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for any physical condition I may have, the condition or the selection of Christ UCC church, or the surrounding area, and for the presence or actions of any other participants. I am aware of any risks of participation, either due to my actions or the actions of others. I understand that participation in this Teen Dance is strictly voluntary and I freely chose to participate. I understand that Shannon Entin, Joy Scott, Fireside Academy, and Christ UCC church will not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

(Participant's signature) (Printed name of participant) (Date)

(Parent's signature, if under 18) (Printed name of parent) (Date)