



2019-2020

La Pietra Dance Sessions

UPPER AND MIDDLE SCHOOL STUDENTS WELCOME

Dance Sessions Fee: \$75.00 (Minimum of 8 students to run)

WHEN: TUESDAY AND THURSDAY

3:15 - 4:15PM

WHERE : DANCE ROOM

September 17, 24, 26

October 1, 3, 8, 10, 22, 24, 29

*Halloween Performance **OCTOBER 31st***



DANCE SESSIONS IS AN AFTER SCHOOL OPPORTUNITY FOR LA PIETRA STUDENTS TO LEARN THE BASICS OF DANCE AND HAVE FUN MOVING TO UPBEAT MUSIC AND EXCITING CHOREOGRAPHY. THE CLASS IS STRUCTURED FOR BEGINNING TO EXPERIENCED DANCERS, OFFERING OPPORTUNITIES TO ADVANCE STUDENTS SKILLS AND DANCE TECHNIQUES.

THE CLASS WILL FEATURE POPULAR AND CLASSIC MUSIC AS WELL AS GIVING STUDENTS THE CHANCE TO SELECT A SONG AND CREATE CHOREOGRAPHY FOR THEIR FINAL PERFORMANCE.

JOIN THE FUN AND FIND YOUR GROOVE WITH THE LA PIETRA DANCE SESSIONS!

**La Pietra – Hawaii School for Girls
After School Dance Class**

ACCIDENT WAIVER & RELEASE OF LIABILITY

I (“Participant”) hereby assume all of the risks of participating in any and all activities associated with La Pietra-Hawaii School for Girls’ after school Dance class. I verify to the best of my knowledge that I am in good health, am able to participate in the La Pietra class and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related risks or other considerations which preclude my participation in this activity. I (“We” if the Participant is under age 18) have read the Parent and Student Handbook on the school’s website (www.lapietra.edu), and will adhere to those expectations and guidelines. I understand that an infraction of school policies may result in disciplinary action and may prevent the Participant from continued involvement in class. In case of an emergency or injury, I authorize a physician or other medical professional to administer treatment to the Participant until arrangements can be made with the preferred physician, and further authorize the instructor to render first aid if he/she is qualified to do so. I fully understand that the Participant must provide medical insurance at their own expense.

Release from Liability & Negligence

It is understood by both the Participant and Parents/Guardians requesting participation in the La Pietra-Hawaii School for Girls after school Dance class, that enrollment in the program is granted only on the condition that La Pietra - Hawaii School for Girls, its directors, trustees, officers, administrators, employees and agents (“School”), shall not be liable to any person, or their heirs, executors, administrators, or anyone else who might claim for any damage to person or property which may occur during or as a result of the program. It is further understood and agreed by the below named individual(s) that the School be released from liability for its own negligence. Accordingly, in consideration for the granting enrollment to this program, it is agreed that the School is indemnified by the individual(s) making this request of enrollment from and against any and all claims, demands, causes of action, suits or judgments (including costs and expenses incurred in connection therewith) for death and injuries to persons or for loss or damage to property arising out of or in connection with the use of the program and facilities of La Pietra - Hawaii School for Girls as requested herein, by the agents, employees, or invitees of the individual(s) making this request.

Participant’s First & Last Name (Print)

Signature

Date

Parent/Guardian’s First & Last Name (Print)

Signature (if under 18)

Date

**La Pietra - Hawaii School for Girls
After School Dance Class**

EMERGENCY MEDICAL AUTHORIZATION/PERMISSION FORM

Who to contact in Emergency:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Insurance Carrier _____ Policy Number _____

Preferred Physician _____ Phone _____

Preferred Hospital _____ Phone _____

For Parent/Guardian of Participant's under age 18:

I hereby give my consent for any medical treatment deemed necessary and/or transportation to a hospital emergency room for treatment for any illness or injury resulting from my participation. I understand this authorization will only be enforced when I cannot be contacted and immediate treatment is deemed necessary.

Parent/Guardian Signature _____ Date _____