ascend
DANCE STUDIOS

Participant activity waiver

Date completed:

Date of first session:

To the Parents or Legal Guardian of the participant:

Good day!

This is to secure your permission to allow your child, _____, to participate in their first dance session beginning on _____.

Thank you for the consideration,

Miss Demi Masters
Ascend Dance Studios

Please return this Permission Slip, via our email (ascenddancestudios1@gmail.co.uk) at least 2 days before the participants first session.

Signature of parent or legal guardian:

_____

Date:_____