

St. John's Home Educators
Middle School Dance Lesson
June 1, 2019

Name _____

DOB _____ Age _____

Code of Conduct

*All participants must sign in upon arrival, and sign out if leaving early.

*After entering the dance hall, all participants must remain in the building. Parents of any participant who leaves the building will be called, and the participant will be asked to leave the premises.

*Dance with room for the Holy Spirit between the dancers *No running or horseplay

*Be respectful of all participants, instructors, and adult volunteers

*Dress according to the dress code:

1. Shoulders, chest, torso and undergarments completely covered.
2. Modest length skirts & shorts, no shorter than 3" above the knees.
3. Tights or shorts are required for anyone wearing a flouncy dress or skirt.
4. No flip flops.

I have read and will adhere to the Code of Conduct, and understand that non-compliance may result in non-admittance or the contacting of parents and removal from the premises.

Signature of Attendee: _____

PERMISSION SLIP

Parental Permission and Liability Release: As parent/legal guardian of the participant named above, I give my permission for him/her to participate fully in the **SJHE Middle School Dance Lesson** to be held on **Saturday, June 1, 2019**, from 5:00 to 6:30 pm in Mercy Hall. I agree to indemnify and hereby release the Most Reverend Michael Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above-mentioned event (including transportation to and from the event). Furthermore, I, on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Signature of Parent/Guardian: _____ Email: _____
(For Non-SJHE Members who would like to be notified about upcoming events.)

Home phone: _____ Cell: _____

Emergency Contact: _____

Home phone: _____ Cell: _____

Allergies: _____