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[www.mypowerofdance.com](http://www.mypowerofdance.com)

## “Power Of Friends Week”

Monday, September 18th – Saturday, September 23rd

“Power Of Friends Week” is an opportunity for you to share what you love with your friends. Friends may come and watch or participate in limited portions of your class.

**Do we need to sign up ahead of time?** - Although we would love to know the number of “guests” in each class, friends are not required to sign up ahead of time. However, the waiver form below **MUST** be signed by a parent or guardian. Signed waivers will be collected at the door. Students without a waiver may watch only. A call to the studio to let us know you are bringing a friend is greatly appreciated.

**What should they bring?** - All classroom rules and studio policies apply. Participants must be wearing non-baggy athletic clothes, have hair tied back, and may **NOT** wear street shoes in the studio. Water is allowed in the studio as long as it is in a spill proof plastic bottle. Please label your water.

**What should “friends” expect?** - Friends may be invited to participate in warm-ups, stretches, and non-choreography activities if space permits. When the group is working on their routine, friends will be asked to observe quietly. For Strength and Flex, Leaps/Turns/and Jumps classes, friends may participate as long as there is enough space, equipment, and they are able to keep up with the level of the class. Friends coming to ballet classes may observe only. Students that become a distraction or take away from regular students’ learning will be asked to leave the room.

**Can I bring more than one friend?** - Yes, however due to the size of some classes, friends may or may not be allowed to participate in activities.

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### The Power Of Dance Waiver Form

Student’s Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents- \_\_\_\_\_ Phone: \_\_\_\_\_

Email- \_\_\_\_\_ (will be kept confidential- used to send announcements)

#### MEDICAL AUTHORIZATION, RISK NOTIFICATION, LIABILITY WAIVER

Emergency Contact \_\_\_\_\_ Relation to Student \_\_\_\_\_

Home phone \_\_\_\_\_ work phone \_\_\_\_\_ Cell \_\_\_\_\_

Medical/Physical limitation? (ex: asthma) \_\_\_\_\_

Medications \_\_\_\_\_

Allergies to medications or otherwise \_\_\_\_\_

In case of illness or injury and a parent cannot be reached, the staff of The Power Of Dance, LLC may authorize medical treatment for the above named student. I understand that because dance involves motion, there is a risk of injury. I and my heirs hereby release The Power Of Dance, LLC, its employees, instructors, managing members and owners from liability for damages and/or injury or medical expenses which might occur as a result of my child’s participation. My child has no problems that might compromise his/her *safe* involvement.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_