

This sheet **MUST** be initialed, signed and returned to the studio by **May 31st**
Please read and initial each of the following items:

- _____ I fully understand the information in the enclosed show packet. If I had/have questions or concerns I have already discussed them with BDA Director Miss Jessica.
- _____ I understand that my child's **attendance in class is very important** to his/her success in the show. We will make every effort to get him/her to all classes between now and the show. I will call & leave a message prior to class if that is not possible. I understand that scheduling another activity for my child at the same time is not an excused absence.
- _____ I understand that my account must be **paid in full** for tuition through **END** of June by June 14th in order to participate. (exceptions are those on autopay)
- _____ My child will be at the **mandatory dress rehearsal** in full costume, hair, and makeup at Waterford High School on **June 20th at 4pm.**
- _____ My child will be at both of the shows, barring any emergencies. If there is an emergency I will contact Miss Jessica prior to the show.
- _____ I understand that my child should be at the theater in Waterford at least 60 minutes before the show start times on Saturday. If my child needs to be there earlier, my child's teacher will notify me.
- _____ My child will be ready for the rehearsal and show in their costume, wearing the standardized studio makeup and having the appropriate hair style, tights, and shoes for their dance.
- _____ At the theatre, I will check in with the attendant in the lobby. I will leave my child in the care of the hall monitors and room attendants prior and during the show. If there are any problems with my child, I will be notified immediately by one of the attendants. I will not bring my child into the theater during the show and will wait until intermission to visit with my child.
- _____ I understand that food and drink is **ONLY** allowed in the lobby and hallway. **ONLY** water may be taken into the dressing rooms. (Theater policy)
- _____ I will not bring into the theater video cameras, or use flash photography.

Student's Name _____ Date _____

Parent/Guardian Signature _____