Dance Sport Training Camp 2019 at Dance DNA.

August 26-30 **Permission form.**

| I,the | e parent/guardian |
|---|---|
| of | |
| give him/her permission to participate in act I understand that my child will be under the I understand that the Dance DNA Acad precautions to ensure the safety of my child Academy, instructors, or parish responsible occur. | supervision Dance DNA faculty lemy will take the necessary d. I will not hold the dance DNA |
| Signature of Parent/guardian | Date |