



# Chance to Dance

A Program of Dance Alliance of Rhode Island, Inc.

PO Box 317, Pascoag, RI 02859

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**Helene Scheff, Founding Administrator**                      **Marty Sprague, Founding Artistic Director**

*Chance to Dance is a unique arts program that gives children a hands-on experience with the arts. Children who sign up for the program should be aware that this is a year-long commitment from October through the performance in May. We encourage you and your child to carefully consider whether they are willing to make such a commitment.*  
\_\_\_\_\_ (Initial here after reading).

**PERMISSION TO PARTICIPATE IN CHANCE TO DANCE**  
**~PLEASE PRINT LEGIBLY~**

**CHILD'S NAME:** \_\_\_\_\_

**CHILDS SCHOOL:** \_\_\_\_\_

~I give my permission for the child named above to participate in Chance to Dance. \_\_\_\_\_ (Initial)

~This includes weekly dance classes, the year-end performance and the rehearsals at Providence Performing Arts Center. \_\_\_\_\_ (Initial)

~I understand my child may also be asked to participate in school performances during the course of the school year. \_\_\_\_\_ (Initial)

~I also give my permission for any pictures, videotapes, recordings, etc. that are made of these activities to be used by Chance to Dance without any compensation to me or my child. \_\_\_\_\_ (Initial)

~I understand that despite the responsible supervision that Chance to Dance will provide for these activities, the nature of any physical activity precludes guarantee of the possibility of an accident involving my child. \_\_\_\_\_ (Initial)

~I therefore waive any claim which might be made against Chance to Dance, its officers, employees, and agents in connection with any injury which my child may incur that does not involve willful negligence on the part of Chance to Dance. \_\_\_\_\_ (Initial)

~My child and I understand that participation in Chance to Dance is a privilege. \_\_\_\_\_ (Initial)

~As with any privilege, behavior in and outside of the activity determines whether the child may keep that privilege. \_\_\_\_\_ (Initial)

~Chance to Dance reserves the right to permanently expel from the program any child whose behavior does not conform to guidelines laid out by the school and by Chance to Dance. \_\_\_\_\_ (Initial)

**DATE:** \_\_\_\_\_ **SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS/STREET:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **EMERGENCY NAME & PHONE #:** \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY PHYSICAL AILMENTS OR ALLERGIES WE SHOULD BE AWARE OF?**

**IF YES—PLEASE DESCRIBE:** \_\_\_\_\_

Class size is limited.  
Completion of this form does  
not guarantee Enrollment in  
Chance to Dance.

**Jump Feet First into the Arts!**

