**Workshop Arts Inc.**

**YANKEE HOMECOMING PARADE INFORMATION AND PERMISSION FORM**

**Rehearse the March Flash Dance (Award Show Surprise Dance) on Sat Aug.3 at NES at 9:30am-10:30am**

**EVERYONE IS INVITED, cast members, parents and siblings!**

**Contact - cell phone:** Director: **Stacey Fix.** 978-973-6553 Manager: Michelle Hall. 978-580-7537

**Time and place of Departure**: Meet Sunday, 8/4/19 by **11:45AM at Famous Pizza Parking Lot.**

**Time and place of Return**: **1:40 pm (estimated)** - Parent Pick-up The Tannery Parking Lot on Federal Street Newburyport

**Items needed:** Sunscreen, Water bottle, good Walking Sneakers (no sandals or flip flops), Hat, TWS T-shirt, Snack.

**Please Eat and use the restroom before you arrive on Sunday!**

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PERMISSION and WAIVER FORM**

I give full permission for, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the **Yankee Homecoming Parade on Sunday, August 4, 2019.**  My student is in good physical condition and has not had any serious illness or operation since her last health examination.

I understand the conditions and risks and release Workshop Arts Inc and participating staff from any legal action in the result of injury during this voluntary event.

At the end of the parade participant will be released to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your student has any allergies or health conditions that might limit or affect their participation in this activity, please list them on the back of this form. Will your student have medication with them? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medication must be given to Stacey Fix for the duration of the activity. All prescription medicine must be labeled with dosage, time, and name (in original container.)

Permission to give: .... Tylenol … Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**During the activity, I may be reached at: Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If I cannot be reached in the event of an emergency, the following person (s) are authorized to act on my behalf:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the director is unable to locate either person designated to be notified in case of emergency, authorities may take such emergency measures as they deem appropriate and shall notify the parent or legal guardian as soon as possible.
By signing this form, I agree to the terms in the permission slip, and medical release.

Parent's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_