



**NDI-NM School for the Performing Arts  
2010-2011 Parental Consent Form**

Student Name \_\_\_\_\_

I understand that I can only receive a refund and/or credit within the first month of the full year program. I will adhere to the non-refundable policy should I fail to make arrangements with the SPA Office by this time. I also understand that there will be no refunds for missed classes. I understand that summer classes are non-refundable once classes have begun. **Initials** \_\_\_\_\_

I am responsible for receiving a School for the Performing Arts handbook and I am responsible for reading through the policies. I understand my child may be dismissed permanently from class if we do not follow the policies in the handbook. **Initials** \_\_\_\_\_

I understand my child will be under the supervision of NDI-NM staff for the duration of scheduled class time. NDI-NM cannot guarantee proper supervision of students who are here more than 10 minutes before/after class. After ten minutes, the child's emergency contacts will be called. After 30 minutes, for the child's safety, we may notify the police if there has been no contact by the parent. **Initials** \_\_\_\_\_

I understand that any student under age 18 must sign in and be signed out by a parent at the time of departure. This procedure helps to ensure my child's safety. Sign in sheets are located at the front table. (For students age 16-18 who transport themselves, a waiver must be signed by the parent so that the student may sign themselves in and out,) **Initials** \_\_\_\_\_

For school year classes, I understand that there may be extra rehearsals for all School for the Performing Arts performances and my child is expected to attend. I also understand that if my child misses 6 or more classes during a school year or does not attend the required rehearsals, he/she may not be able to perform. **Initials** \_\_\_\_\_

I understand that physical contact may occur during my child's classes. Examples of physical contact may include correcting alignment through touching the spinal column and abdomen, adjusting head and neck positions, and helping dancers find and work within the natural rotation of their legs. **Initials** \_\_\_\_\_

I understand that despite the supervision, NDI-NM cannot guarantee against the possibility of accident or illness involving my child. I hereby waive any claim that might be made against NDI-NM, its officers, employees, and agents in connection with any injury or illness my child may incur. **Initials** \_\_\_\_\_

In the event that any serious injury or illness should occur involving my child, I understand that NDI-NM will take all appropriate steps to notify me immediately of the event. If I am inaccessible for any reason, or in case of emergency, NDI-NM will contact paramedics. I authorize whatever medical attention is deemed appropriate for my child. **Initials** \_\_\_\_\_

I authorize the making and use of any films or other recordings of these activities for any purposes, profit or otherwise, that NDI-NM may make or authorize to make without compensation to my child or me. **Initials** \_\_\_\_\_

I, \_\_\_\_\_ have read this consent and understand the NDI-NM SPA program, the physical aspects of the program, and the commitment expected for participation by my child. I give permission for my child to participate in NDI-NM's School for the Performing Arts.

**teaching  
children  
excellence**

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date