

**CELEBRATE THE BEAT PARENTAL CONSENT FORM
POP HOP 2011**



Dear Parents/Guardians:

Your child has been invited to participate in *Celebrate the Beat's* POP HOP. This program will take place at **Avon Elementary School**, Monday, August 1st – Friday, August 5th from 9:30 am -12:30 pm, and the final performance will be on the evening of Friday, August 5th at the Gerald R. Ford Amphitheater.

Celebrate The Beat (CTB) was founded in 2000 by Tracy Straus with the belief that the arts have a unique power to engage children and motivate them toward excellence. Using professional artists and a distinctive combination of dance classes, performances, and educational materials, CTB fosters a love of the arts, a pride of achievement, and a curiosity about the world in all of the children that it touches. Our programs help children understand the hard work and dedication necessary to achieve success, a lesson they are able to apply to all aspects of their lives. For more information on us, please visit www.ctbeat.org. CTB is closely affiliated with the National Dance Institute, founded by New York City ballet star Jacques d'Amboise 30 years ago. For more information about this amazing program, please visit www.nationaldance.org.

Please complete this form and return it to the address below by June 1st to reserve a spot:

**The Vail Valley Foundation
PO Box 309 • Vail, CO 81658
(970) 949-1999 ext. 5963
(970) 949-9265 fax**

I hereby authorize that my child _____ **Age** _____
(Please print name)

may participate in *Celebrate the Beat*, including daily dance classes and the rehearsals and performances. I further authorize the making and use of any films or other recordings of these activities for any purpose that CTB may make or authorize to be made without compensation to me or to my child.

I understand that my child will be under the supervision of CTB staff and its appointees. I understand that CTB and/or the Vail Valley Foundation (VVF) does not guarantee against the possibility of accident or illness involving my child. I hereby waive any claim that might be made against CTB, VVF, its officers, employees and agents in connection with any injury or illness my child may incur not involving gross negligence of CTB and/or the VVF.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Mailing Address

City

ST

Zip

() _____
Primary Phone Number

() _____
Alternate Phone Number

Email***

School