

**Permission Slip for the 2011-2012 Dance Year**

**Saint Katherine Greek Orthodox Church  
Falls Church, Virginia**

My child/children \_\_\_\_\_ has/have my  
permission to participate in the 2011-2012 dance program. I indemnify Anna Yortzidis,  
Aris Yortzidis, the directors and choreographers of the dance program, and Saint  
Katherine Greek Orthodox Church from any liability or hazard that may arise from but  
not limited to dance practice, performances, or transportation.

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Health Problems and Medications Taken: \_\_\_\_\_

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Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Emergency Contact Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Office: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_