

**PARENTAL CONSENT FORM
DANCE PROGRAM WITH
BRIGHTON BALLET THEATER**

I _____, authorize my daughter/
son _____, to attend dance program with
Brighton Ballet Theater that will take place at I.S.98 on Mondays and Wednesdays.

The program will be integrated with the social studies discipline and last from January-June 2016. The goal of the program is to develop dance literacy and different dance styles and techniques. The project will culminate with a performance at I.S.98 in June 2016 for students, parents and guests, as well as at the World Dance Festival at the Leon Goldstein Performing Arts Center on campus of Kingsborough Community College in Brooklyn. Please note that not all students will be invited to participate in the second performance at the Leon Goldstein Performing Arts Center. The program is supported by the Council of the City of New York, office of Chaim Deutsch and Department of Cultural Affairs (DCA).

I irrevocably consent to and authorize the use and reproduction by Brighton Ballet Theater of any videos, photographs and/ or work assignments collected/ taken of my daughter/ son during the above mentioned program.

I have read and agree to my child's participation in the dance program and agree to the above mentioned terms and conditions related to my child's participation.

Signature

As part of the program, Brighton Ballet Theater invites your son/ daughter to take **Martha Graham Dance Technique** at Brighton Ballet Theater as part of the scholarship program during spring semester on **Saturdays at 12.00pm** main location at 2001 Oriental Blvd, Building T7, Room 7211, Brooklyn, NY 11235. Before coming, please call to schedule an appointment for registration at 718-769-9161 (ask BBT Coordinator Vladimir Lepisko or Executive Director, Irina Roizin, from Monday-Friday 4pm- 9pm, Saturday from 10am-1pm). Valid only for new clients.