

*Terpsicorps Theatre of Dance Asheville Summer Intensive 2009*

NOTICE OF DESIGNATION OF SUROGATE FOR EMERGENCY  
HEALTHCARE/POWER OF ATTORNEY

**Please Note: We will not accept a student who is under 18 into the summer program until this form is completed along with a copy of health insurance plan card.**

I \_\_\_\_\_, being duly sworn, depose and say:  
Parent/Guardian

That I am the parent/guardian of \_\_\_\_\_ I do hereby designate  
Child's Name

Staff member of the Center Stage/Terpsicorps Theatre of Dance to authorize any and all medical care and treatment that may be needed by \_\_\_\_\_ from  
Child's Name

June 15<sup>th</sup> - June 26<sup>th</sup>, 2009. I agree to be responsible for any medical fees incurred in connection with any such medical care and treatment.

\_\_\_\_\_  
Parent/Guardian

STATE OF:  
County of:

Sworn and subscribed to me this: \_\_\_\_\_ day of \_\_\_\_\_, 2009

By \_\_\_\_\_

Known to me or who produced \_\_\_\_\_ as  
Identification.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

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