## Westside Academy of Dance/School of Ballet

2013-2014 Registration Form

Student Name		Birthdate	Age
Parents/Guardians Names			
Home #	Cell #	Emergency #	
e-mail			•
Address			
City	State		Zip
Academic School Attending			
Level	Allergies/medications		
Registration Fee	Full Time Tuition Amt:	Part Time Tuition Amt:	
undersigned acknowledges: Westside personal property occurring during the nor its principals, agents, nor employ undersigned or any other person whe alleged act or omission of Westside lessons being so provided, and further	emy of Dance providing the undersigner Academy of Dance does not carry like the course of said lessons and further avees shall be liable for any injuries to omsoever, occasioned by, directly or Academy of Dance or its principals, er hereby waives all rights to bring an any manner connected with said lessons.	ability insurance for injuries or dar agrees that neither Westside Acad the person or damage to personal indirectly, arising out of any act agents or employees in conjunction action at law or in equity to reco	nages or loss to lemy of Dance property of the or omission or on with the said wer damages to

Date

Parent or Guardian Signature