

## Westlake Dance Center Registration Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_  
How did you hear about **WDC**? \_\_\_\_\_

### Brief Medical Summary

Do you have:  Have you had any recent illness/operation/injuries we should know about?  
 High blood pressure     Seizures  
 Diabetics     Other: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Waiver of Liability

The undersigned accepts this studio's services and facilities as is and agrees that all use of this facility and services shall be undertaken at his or her sole risk. The studio shall not be liable for any injuries or damages to the undersigned or to the property of the undersigned, or subject to any claim, demand, injury or whatsoever arising out of his or her use of studio's services of facilities, including, without limitation, those damages resulting from acts or active or passive negligence on the part of the studio, it's officers or teachers.

***I hereby, for myself, my executors, administrators and assigns, expressly forever release and discharge Westlake Dance Center and Sheri Lewis, as well as it's officers and teachers, for all such claims, demands, injuries, damages, actions, or causes of actions.***

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

Signature of parent or legal guardian if under the age of 18

Office Use:	Class enrolled:	Computer input:	Staff initial:
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