

Chosen Dance Ministry Registration 2019/20

Office Use Only - Received by: _____ Date: _____

Registration Information:

Child's Name: _____

Date of birth: _____ Current Age: _____

Address: _____

Parent(s) Name: _____

Email : _____ Phone : _____

Emergency Contact: _____

Emergency Contact Relation: _____ Phone : _____

Allergies/Medical Conditions: _____

Please list each class that your dancer will participate in:

I, _____, as a parent of a child participating in a WBC Sports or Recreation Program, do hereby release, acquit, hold harmless, and forever discharge WBC, its agents, agencies, servants, employees, and all persons, natural or corporate, in privity, with them or any of them from any and all claims or causes of action of any kind whatsoever; including, but not limited to, actions, suits, and/or claims from any bodily injuries, death, or property damage which may be sustained by _____, my child, while participating in activity, including travel to and from such activities, not resulting from intentional torturous act or act of agent, servant, or employee of WBC. It is acknowledged that the decision to engage in the above activities is entered into freely, and that WBC, its agents, agencies, servants, and employees have not influenced the decision to engage in such activities.

Parent / Guardian Signature

Date