

**Westside Fusion Co. Policies, Release Form and File Updates 2008-2009**

I, \_\_\_\_\_ and my parents, have read, understand completely, and agree to follow the rules, regulations and expectations set forth for me to participate as a member of the NW Fusion Dance Co. We also give permission for the use of my name, picture, or a video of me in any advertising done by Westside Dance Academy, Inc. or NW Fusion Dance Co.

Signed \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
-----

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ P/Co. Group: \_\_\_\_\_ Age began dancing: \_\_\_\_\_  
Have there been any lapses in dance training? If so, how long? \_\_\_\_\_

**Parent Guardian**

\_\_\_\_\_  
(Name) (Home Phone)  
\_\_\_\_\_  
(Home Address) (Work Phone)  
\_\_\_\_\_  
(City, State, Zip) (Cell Phone)  
\_\_\_\_\_  
(EMAIL ADDRESS)

**Parent Guardian**

\_\_\_\_\_  
(Name) (Home Phone)  
\_\_\_\_\_  
(Home Address) (Work Phone)  
\_\_\_\_\_  
(City, State, Zip) (Cell Phone)  
\_\_\_\_\_  
(EMAIL ADDRESS)

**Emergency Contact**

\_\_\_\_\_  
(Name) (Home Phone)

**Insurance & Medical Information**

\_\_\_\_\_  
(Company) (Policy#) (Phones)

**Allergies**

**Medications**

**Medical Notes**

My son/daughter's physician is \_\_\_\_\_  
Physician Phone number: \_\_\_\_\_

**RELEASE:** All precautions will be taken to prevent accidents or injury. Simple First Aid will be administered to all minor injuries. Parents and/or paramedics, ambulance or doctors may be called when necessary. It is hereby agreed that I, my child(ren), my heirs and executors, waive and release all rights and claims for damages that I may have at any time against Westside Dance and Gymnastics Academy, Inc. The risks involved in respect to such a program are fully understood. This release is valid at all terms, or months my family is enrolled. I also understand that the Academy has photographic rights and throughout our enrollment, I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_ certify that (I have) (my son/daughter has) no ailment, disease or organic defect which would make participation in this program or activity, or special event dangerous to (my) (his/her) health. In the event that the responsible (parent/guardian or spouse) listed below cannot be contacted at the telephone numbers shown, \_\_\_\_\_ parent or guardian of child hereby gives his/her consent to any licensed medical doctor and/or any medical treatment center anywhere in the vicinity of the planned activity, to treat any injury or illness of the above names (child) as prescribed by the family doctor or attending physician, occurring while participating in the program and/or activities of Westside Dance Academy, Inc. and the Westside Performing Co., and agree to hold the officers, employees and agents harmless from all suits, claims and demands of every kind and character arising out of such treatment.

As the parent/guardian of \_\_\_\_\_, I understand that there will be volunteer commitments that will be required of me if my dancer commits to Fusion dance company. I am agreeing to make myself available as able/needed for volunteer activities to support Fusion dance company.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

