

WSPA REGISTRATION FORM

PLEASE PRINT CLEARLY

Mother's Name			Father's Name		
Street #		Street Name	Street #		Street Name
City	State	Zip	City	State	Zip
Cell Phone & Provider			Cell Phone & Provider		
E-Mail Address (Please print clearly)			E-Mail Address (Please print clearly)		
NEW STUDENTS: How did you find out about us?					

Student's Name		Birthdate		Age	
Classes:					

Student's Name		Birthdate		Age	
Classes:					

For Emergency Purposes:

Contact Person (other than parents or guardian) _____

Home phone _____ Cell phone _____

Doctor's Name _____ Phone Number _____

Please Read And Sign:

During the course of instruction, it may be necessary for the WSPA teacher to have physical contact with the student. By affixing my signature below, I consent to this method of instruction. Additionally, I realize that no medical insurance is provided for the City of Daly City and WSPA activities and agree to assume the risk for any injury related to my participation or the participation of my dependent. I agree to make no claims against the City of Daly City or WSPA or any of its officers, employees or volunteers for any injury or accident arising from these activities, however caused, including liability for negligence. I am physically able (or my dependent is physically able) to participate in these activities. I consent to any emergency medical treatment my dependent needs while involved in these activities and I agree to pay for it. I also realize that the City of Daly City and WSPA are not responsible for lost or stolen articles. Additionally, I realize that all WSPA related functions may be photographed and videotaped and that all photographs and video footage are the sole property of WSPA. I consent to the use of any such photos/videos of my child(ren) for promotional or other WSPA purposes. I have read and agree to abide by the policies of WSPA Parent/Student handbook and *(For all Ballet Apprentice and Company Members)* the Cost & Commitment Memo.

Signature of Parent/ Guardian	Date
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For Office Use Only:

Payment Details	
<input type="radio"/> Cash (receipt)	
<input type="radio"/> Check # _____	
<input type="radio"/> Credit Card _____	

Registration Fee	\$ _____
Yearbook Fee	\$ _____
Monthly Tuition Fee	\$ _____
Total	\$ _____