



2741 W Columbus Dr
Tampa, FL 33607
813-877-4444
www.westtampadance.com

Emergency Card/Registration Agreement

Dancer's Full Name _____
Date of Birth _____ Age _____ Grade (Fall) _____
Name of School _____ Years of Dance (including this year) _____
Doctor's Name _____ Phone _____
Does the dancer have any special medical considerations and/or allergies?

Parent/Guardian's Name _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____ **E-mail Address** _____

Emergency Information

First Contact Name _____ Phone _____
Alternate Number _____
Second Contact Name _____ Phone _____
Alternate Number _____

In case of emergency, I understand every effort will be made to contact me. In the event that I, nor emergency contact persons, nor the doctor listed above can be reached, I give my consent for the emergency room physician to treat the aforementioned dancer.

Signature _____ Date _____

I, _____, the parent or legal guardian of the applicant listed above, hereby give approval of the applicant's participation in any and all of West Tampa Dance Company's rehearsals, classes, performances, programs and activities. I do waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, volunteers, agents, officers, owners, teachers, directors, spectators, participants, and persons involved in the operation of West Tampa Dance Company's programs for any claims arising out of injury or any other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator. This includes attorney's fees or any deductibles I may incur. I recognize the risk of injury in participating in dance and other activities, which may be conducted at West Tampa Dance Company of Tampa (WTDC). I also give permission for WTDC to take photos/videos of me, the above named dancer, any member of my family or anyone who visits WTDC or their events to use for the website and for purposes of promoting the studio. WTDC is not responsible for participants leaving the premises. If any child or adult exhibits behavior that is dangerous or threatening to himself/herself or to other students or parents, WTDC reserves the right to remove the person from the premises and terminate their membership to WTDC.

Parent/Guardian Signature

Date