



West Valley Christian School Registration Form

Student Name: _____ Age: _____ Grade: _____ D.O.B: _____

Student Name: _____ Age: _____ Grade: _____ D.O.B: _____

Parent Name: _____

Street: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact (other than above):

Name: _____

Relation: _____

Phone: _____

Does your child have any medical conditions, food allergies or special needs?

Please list classes:

Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____

Liability Waiver

I understand that the participation in dance classes and movement activities could involve possible injury. Despite precautions, accidents and injuries may occur. By signing this release form, I assume all risks related to my child's involvement in dance at West Valley Christian School. I/we will not hold The Dance Conservatory of Los Angeles, Samantha Melo, or her staff accountable for any personal injury or any personal property damage, which may occur on the premises during hours of operation. Furthermore, I/we agree to obey facility rules and regulations and take full responsibility for my/our behavior and actions.

Signature: _____

Date: _____

Print: _____