

Wespac

Westminster Performing Arts Center
5915 Westminster Blvd.

WM, CA 92683

714) 89-DANCE or 714) 893-2623

REGISTRATION / INFORMATION FORM

STUDENT NAME: _____ DATE: _____/_____/_____

ADDRESS: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

BIRTHDATE: _____ HOME PHONE: _____

S.S. # (STUDENTS OVER 18) _____

IF STUDENT IS UNDER 18 PLEASE FILL OUT THE FOLLOWING:

MOTHER'S NAME: _____ S.S. # _____

MOTHER'S WORK PHONE: _____

FATHER'S NAME: _____ S.S. # _____

FATHER'S WORK PHONE: _____

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY: _____

PHONE: _____

IS STUDENT CURRENTLY ON ANY MEDICATION? _____

IF YES, PLEASE LIST _____

ARE YOU ALLERGIC TO ANYTHING? _____

HEALTH INSURANCE: _____ POLICY # _____

FAMILY DOCTOR: _____ PHONE: _____

HOW DID YOU FIND OUT ABOUT WESTMINSTER PERFORMING ARTS CENTER?

STUDENTS UNDER 18 PAREN MUST SIGN:

IN THE EVENT OF AN EMERGENCY, AND I CAN NOT BE REACHED, I HEREBY AUTHORIZE JASEIDA MOJICA, OR ANY OTHER AUTHORIZED ADULT IN ASSOCIATION WITH WESTMINSTER PERFORMING ARTS CENTER, TO ACT ON MY BEHALF TO PROVIDE EMERGENCY MEDICAL TREATMENT FOR MY CHILD FROM A LICENSED MEDICAL PROFESSIONAL.

LIABILITY DISCLAIMER - WESTMINSTER PERFORMING ARTS CENTER AND THE INSTRUCTORS ARE NOT LIABLE FOR PERSONAL INJURIES OR LOSS OF, OR DAMAGE TO PERSONAL PROPERTY. WESPAC RESERVES THE RIGHT TO USE PHOTOS OR VIDEOS OF THE STUDENTS FOR ADVERTISING PURPOSES INCLUDING WWW.WESPACDANCE.COM. EACH STUDENT MAY DECLINE TO PARTICIPATE IN ANY ACTIVITY. PLEASE INFORM INSTRUCTOR OF ANY PERSONAL LIMITATIONS YOU MAY HAVE. IF YOU HAVE ANY DOUBT TO YOUR PHYSICAL ABILITIES, PLEASE CONSULT WITH YOUR PHYSICIAN BEFORE PARTICIPATING. I HAVE READ AND UNDERSTAND THE RULES, DRESS CODE AND TUITION POLICIES OF WESTMINSTER PERFORMING ARTS CENTER. I HAVE RECEIVED A COPY OF THE RULES, DRESS CODE AND POLICIES.

PARENT SIGNATURE: _____ DATE _____