



Summer 2025 Registration

Date: _____

Dancers(s): _____ Age: _____

Allergies/Other Concerns: _____

Parents/Gaurdian: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Registering for the following Camp(s)

Payment Method (Circle One): Cash Credit Check EFT

Yes, I give my permission to CWDA to take and use photographs of my child.

No, I prefer my child is not photographed and no photos of my child are used.

Yes, I have reviewed CWDA's rules and regulations

CWDA WAIVER AND RELEASE OF LIABILITY:

Every participant and/or legal guardian must read and understand this Waiver and Release of Liability prior to participating in any classes at CWDA.

I hereby agree to assume all risks and responsibility, and to release and hold harmless Central Washington Dance Academy, their employees, sponsors, trainers, coaches, members of the board of directors and affiliated parties (collectively "CWDA") from any and all claims, actions, causes of action, proceedings, damages, costs, demands, including hospital cost, court costs, and costs on a solicitor and his own client basis, and liabilities of whatever nature or kind arising out of or in any way connected with my/my child's participation in classes/program(s).

I have read all of the above policies for CWDA and by signing below I agree that I have been informed of these policies for the coming school year.

Signed: _____ Date: _____