



1561 N. Wixom Road Wixom, MI 48393 (248) 313-032 www.wixomdance.com

Date: \_\_\_\_\_ Student Name(s): \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Office Use Only	
Needs to be entered into spiral notebook	<input type="checkbox"/>
Already in database	<input type="checkbox"/>

Is child(ren) currently enrolled at Neu Wixom Dance Academy? Y or N

I give permission for myself and/or my child(ren) to participate with Neu Wixom Dance Academy (NWDA). I confirm I am and/or this student(s) is in good health. I am also fully aware of and accept the risks involved in doing dance, tumbling and other related activities such as jumping in a "moonbounce" (if applicable during special events), etc, including: muscle strains and tears, broken bones, and severe injuries such as permanent paralysis or even death. I am fully aware of the risks and possibility of injury involved. I give NWDA permission to call a doctor and/or parents for treatment in the event of an emergency. I further agree not to hold any NWDA official or staff members responsible for any possible illness, accident, or injury which may occur in training or class, on or off NWDA premises. I do hereby verify that I fully understand and accept the above statements and the guidelines set forth in this release.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Participant's signature (18 or older)  
or Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's signature (18 or older)  
or Parent/ Guardian Signature

\_\_\_\_\_  
Date



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