

Name	Address	Zip Code
Age	Grade	Inertia Dancer that Referred You
Parent/Guardian Name	Contact Phone #	Email
Alternate Emergency Contact	Contact Phone #	
Medical Concerns or Considerations		

The undersigned parent or guardian understands that the above registered participant will be engaging in physical activity during this program that contains an inherent risk of physical injury. The undersigned assumes this risk and releases HISD, The Inertia Dance Co., Westside High School and its directors and employees from any and all liability for personal injury arising out of the participation in the dance clinic program.

I herby grant permission for the above named registrant to attend the Inertia Dance Clinic and I authorize them to be treated by a licensed physician for an injury, accident, or illness or other mishap. I agree to pay for any medical treatment that may be necessary.

Parent/Guardian Signature

Date