



Westridge Christian/Orchard Academy
3894 Due West Road Suite 100
Marietta, Georgia 30064
Phone: 678-290-8591 Fax: 678-290-8597
www.orchard-academy.net
www.westridgechristian.com



Student Information

Last Name: _____ First Name: _____ Middle: _____

Birth Date: - - Sex: M F Grade: _____ SS#: - - -

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email: _____ Shirt Size: _____

Current/Previous School: _____

Extra Curricular Activities: _____

Emergency Contact Information

Father: _____ Phone 1: _____ Phone 2: _____

Mother: _____ Phone 1: _____ Phone 2: _____

Doctor: _____ Phone: () _____

Dentist: _____ Phone: () _____

Liability Waiver:

In consideration of my acceptance of any instructional services from Orchard Academy, I hereby waive, release and discharge any and all claims for damages, personal injury (whether physical, mental or emotional) or property damage which I may have, or which hereafter accrue to me, against Orchard Academy as a result of my receipt of any instructional services from Orchard Academy, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above.

I further understand that accidents and injuries can arise out of receiving instructional services; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of those persons or entities mentioned above who might otherwise be liable to me for damages or equitable relief. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parent/Guardian Printed Name

Parent/Guardian Signature