**Registration: Please fill out the below information**

**Classes begin:** Tuesday September 9, 2019 **End of the Year Recital Date:** Friday June 11, 2020

**Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parents name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Rising Stars Dance Studio waiver release:

Rising Stars Dance Studio, its instructors and other staff members will not accept responsibility for injuries sustained by any student during the course of

Dance practice, competitions, clinics, productions or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility or injury involved, I consent to have my child or children participate in the programs offered by Rising Stars Dance Studio. I, my executors, and other representative, waive and release all rights and claims for damages that my child or I may have against Rising Stars Dance Studio, and or its representatives whether paid or volunteers.

Appearance Agreement: I understand that Rising Stars Dance Studio from time to time produces promotional material relating to its programs and events. I understand that my child, as a participant or spectator at class or an event, may be included in videos or photographs taken during an activity. Therefore, without reservation or limitations, I grant permission for my child to be included in promotional material for Rising Stars Dance Studio.

Policies and Requirements: I acknowledge I received a document regarding Rising Stars policies and requirements therefore; I consent to have my child participate in the Rising Stars Dance Studio program and agree to follow their requirements and policies.

**Parent or Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*$25.00 Registration Fee due upon submitting a Registration, September of 2019 Tuition due by September 1, 2019\*\*

□Cash $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your confirmation with further details and arrangements will be sent via email, thank you. –Mrs. Keri

Mailing Address:

Rising Stars Dance Studio

115 NW State Street, Room 315

Pullman, WA 99163

