



Class Registration

One will need to be filled out per student

Childs Name _____ Parents Name _____

Childs Age _____ Birth date _____ Phone Number _____

Address _____

City/Zip Code _____

Emergency Name and Phone Number _____

Email Address _____

How would you like to receive our monthly newsletters: email paper copy

Has your child danced before? yes no If yes, number of years? _____

1st Class _____ Time _____

2nd Class _____ Time _____

3rd Class _____ Time _____

If you are a new student, how did you hear about us? _____

Please note any physical problems or allergies (asthma, knee, or ankle problems)

Comments or Questions _____

Liability Waiver

Rising Stars Dance Studio, its instructors and other staff members, will not accept responsibility for injuries sustained by any student during the course of any dance, or in the course or any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of 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 videotapes 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.

Parent or Legal Guardian Signature

_____ Date _____