

**2017-18 School Year 1,2,3,4 Grade
Participation Registration Form
Emergency Contact**



OFFICE USE:

\$100 Registration Fee
Date Paid ___/___/___ Method: _____

Sweatshirt Size: YS YM YL AS AM

Dancer's Name: _____

Birthdate: ___/___/___ School Attending: _____

Grade for 2017-18 school year: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Parent/Guardian Information:

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

EMAIL: Please be aware that all communication is done via email (practice changes or cancellations, games, times, locations, meetings etc). List as many emails as you would like information sent to. **PLEASE PRINT CLEARLY**

List any medical / emotional or allergies that could affect your daughter during her participation in practice or performances.:

Primary Health Care Provider: _____ Policy # _____

I know that participation in dance involves risk and possible injury. I understand and agree that Starz Dance Academy LLC and their staff/volunteers assume no responsibilities for injuries or medical expenses incurred by myself or my child. The person participating in the Muskego Youth Dance Team that utilizes Starz Dance Academy LLC facility has no physical, mental or emotional problems that would interfere with participation in this program.

Parent/Guardian Signature: _____ Date: _____