

Annual Registration form

Dancer's full name:		
Dancer's School name & cla	ssroom name/number:	
Dancer's birthday:		
Circle: Male or Female	Guardian's name + relationship	
Cell phone:	Secondary phone:	
Mailing address:		
City:	State:	Zip:
Email:		
Release wavier and assumption of risk: I dancinglittlestarsnwfl.com; 4th option und for class(es) missed due to holiday, vacation injury that may result from my or my chancing Little Stars reserves the right to under the content of	ostume size (Example 4/5 T small):have or will take the responsibility to carefully read and folked for the "info" tab at the top of the page. I understand that Daron, illness, weather, etc. I further understand that there are speciald's participation with Dancing Little Stars, and I voluntarily a use group and individual photos taken during class or at the damaterial. If I do not want my child's picture in any DLS materials	ow the rules and policies of the guidelines found at noing Little Stars does not give credit and/or refunds ocific risks of physical or property damages, losses, or assume the risks associated with such participation, ance recital of your dancer to include, but not limited
Cignature of guardian:	Data	

• There is a \$25 Annual registration fee

You may take a picture of this form and email picture to: jessica@dancinglittlestarsnwfl.com or text message to: 850-591-1747

You can also register online at dancinglittlestarsnwfl.com



Please, do not leave this form or any payments at the school.