

**Starshine Studios 10-Week Class Programs  
2018/2019 Registration Form**

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ circle one: Male Female

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Injuries/Illness/Allergies \_\_\_\_\_

Special Needs/Considerations \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

#1 Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

#2 Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

#3 Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

#4 Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Tuition is due at the time of registration for the 10-week session, space is not reserved until registration form is completed and tuition is paid. A minimum of 5 registered students is required to hold the class and there is a maximum of 12 students per class. There will be a Performance Showcase at the end of the 10-week session. Tuition includes classes, participation insurance, performance costume, end of class showcase, and a t-shirt.

**Acknowledgement of Risk and Waiver of Liability- READ BEFORE SIGNING!**

Name of Child participating (if under 18 years): \_\_\_\_\_

Name of Adult Participant or Parent: \_\_\_\_\_ I

(we) recognize that despite all reasonable precautions implemented for safety, potentially severe injuries including permanent paralysis or death can occur in any activity involving height, motion, including but not limited to tumbling, cheerleading, and dance. I (we) knowingly and willingly assume all such risks and therefore I consent to the aforementioned person participating in **Starshine Studios, LLC's programs**. Consequently I (we) hereby for myself, heirs, executors, and administrators, do waive and release any and all rights and claims for damages against owner, operators, coaches, and other members of **Starshine Studios, LLC** from personal injury or accident of any sort or nature suffered by myself or my child by reason of participation or membership in classes, lessons, or any programs or activities of **Starshine Studios, LLC**.

In addition, I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Please Initial:

\_\_\_\_\_ **Tuition is non-refundable unless session is canceled by Starshine Studios.**

\_\_\_\_\_ **I give permission for Starshine Studios, LLC to take photographs of my child for use in newspapers, on Starshine's marketing materials, printed and/or virtual mediums, promoting Starshine Studios' programs.**

Parent/Guardian (or self if over 18 years) x \_\_\_\_\_ Date: \_\_\_\_\_