



Family Last Name _____

Address _____

Email (Important as this is our main means of communication) _____

Phone Number _____

Parent(s)/Guardian(s) Names _____

I understand and agree that Brighter Days Dance Studio and its staff will assume no responsibility for any injuries or medical expenses incurred by my child/children or myself. We agree to hold harmless, Brighter Days Dance Studio, from liability for injury or damage to person or property as a result of said student's participation in Brighter Days Dance Studio activities. I also understand the mission of Brighter Days Dance is to nurture spiritual growth by using Bible scriptures, prayer, God honoring dance moves and Christian music in all classes.

Signature/Date _____

I, consent and agree that Brighter Days Dance, its' employees, or volunteers have the right to take photographs of my child during class, and to use these in any and all media, now or hereafter known.

I do hereby release to Brighter Days Dance, its' agents, and employees all rights to exhibit this work in print and electronic form publicly or privately.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of adult AND child's name

Signature _____ **Date** _____

Brighter Days Dance will choose costumes that do not allow cleavage, that cover the midriff, that have skirts that come to fingertips (unless leggings are worn under) and no spaghetti straps. We do our best to choose costumes that have more opaque skirts. If you have additional requirements please list on line below.

Will Your Child Participate in the Recital?

YES

NO

By committing to the recital, you are committing to coming to the dress rehearsal the week of the recital AND all the recitals your child will be dancing in. If your child is not able to come to the rehearsal or all the recitals, they will not be allowed to participate in any of the recitals. Sickness is the only acceptable excuse in this situation. By signing below you are committing to coming to the rehearsal and all the recitals your child is dancing in.

Signature/Date _____

Please fill in one line for each class your child(ren) want to take. Please fill out the 2nd choice option in case the first choice class is already filled. You will receive an email confirmation upon receiving the registration form and payment.

Dancer's Name	Male or Female	Dancer's Birthdate	Does your child have: Learning/Sensory Concerns OR Physical Restrictions	Class Name	1 st choice class number	2 nd choice class number	Class cost

For Staff Use Only:

Payment Type: Cash Amount _____ Check Amount _____Credit Card Amount for class(es) plus 4% of that amount for a processing fee _____

Card # _____ Exp. _____ CVV _____ Billing zip code _____

Payment Plan Amount _____ (must complete paperwork)

Please make checks payable to Brighter Days Dance and mail the registration form and check to 2593 N. Humpty Dumpty Rd. Reedsville, WI 54230

OR Fill out the form with a credit card number and email to brighterdaysdance@gmail.com*****switching or withdrawing from any class is subject to a \$15 processing fee*****