

Family Last Name	Email (main means of communication)						
Parent(s)/Guardian(s) Names							
Dancer Name(s)	Phone Number						
Address	City, State, Zip						
myself. We agree to hold harmless, Brighte	Dance Studio and its staff will assume no responsibility for any injuries or medical expenses incurred by my child(ren) or the Days Dance Studio, from liability for injury or damage to person or property because of said student's participation in understand the mission of Brighter Days Dance is to nurture spiritual growth by using Bible scriptures, prayer, God in all classes.						
Signature	Date						
media, now or hereafter known. I do hereb	ce, its' employees, or volunteers have the right to take photographs of my child during class, and to use these in all y release to Brighter Days Dance, its' agents, and employees all rights to exhibit this work in print and electronic form Brighter Days Dance, its' agents, and employees all rights to exhibit this work in print and electronic form publicly or						
I represent that I am at least 18 years of ago	e, have read and understand the foregoing statements and am competent to execute this agreement.						
Parent/Adult Name (please print)							
Signature	Date						

Brighter Days Dance will choose costumes that do not allow cleavage, cover the midriff, have skirts that come to fingertips, unless leggings are worn under. We do our best to choose modest costumes, with more opaque skirts. Please list any additional, personal requirements, below:

your child is not able	e to come to all re	hearsal(s) or all recita	required dress rehears l(s), they will not be allo	owed to participate in	n ANY of the recitals.	Sickness is t	he only
		y signing below, you a tal? Please mark the	re committing to comir box. YES	ng to all required reho NO	earsals and all require	d recital per	formances.
Signature				Date			
Please fill in one line	e for each class yo	ur child(ren) want to t	ake, including a 1st & 2	<sup>nd</sup> choice option, in c	ase the first option is	full.	
Dancer's Name	Date of Birth MM/DD/YY	Male or High school Female Senior	Learning/Sensory OR Physical concerns	1st Choice Class # & Class Name/Level	2nd Choice Class # & Class Name/Level	Class Cost	Full Pymt \$25 Discount
		Male Senior  Male Senior					
		Female Senior  Male					
		Female Senior  Male  Female Senior					
		Male Senior					
		Male Senior					
		Male Senior  Male Senior					
Please make <b>checks</b>	payable to Bright	Female Senior	egistration & payment	to: <b>2593 N. Humpty</b>	Dumpty Rd. Reedsvill	le, WI 54230	<u> </u>
Or, complete registr	ation form with a	credit card number fo	or payment, and email t	o <u>brighterdaysdance</u>	e@gmail.com		
			Ocessing fee. Total Due				
Office: #[	\$25 Off pd full	Contact Highlights	Email Payment Reg F	ee 🗌 Late Fee 🗌 Recita	al Info 🗌 Costume 📗 Inst	ructor 🔲 Refu	ınd/Drop