



Family Last Name \_\_\_\_\_ Email (main communication) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Child(ren) Name(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I consent and agree that Brighter Days Dance Studio, its employees, or volunteers have the right to take photographs of my child during class, and to use these in 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 statements and am competent to execute this agreement.

\_\_\_\_\_  
Parent/Adult Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Brighter Days Dance chooses costumes that do not allow cleavage, that will cover the midriff, and will have skirts that come to dancer's 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:

By committing to recital, you are committing to come to all required dress rehearsal(s) recital week AND all required recital performance times. If your child is not able to come to all rehearsal(s) or all recital(s), 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 all required rehearsals and all required recital performances.

**Will Your Child Participate in the Recital?**

Please mark the box. YES  NO

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fill in one line for each class your child(ren) want to take, including a 1<sup>st</sup> & 2<sup>nd</sup> choice option, in case the first option is full.

Dancer's Name	Date of Birth MM/DD/YY	Male or Female	High school Senior	Learning/Sensory Concerns OR Physical Restrictions	Class Name	1 <sup>st</sup> Choice Class #	2 <sup>nd</sup> Choice Class #	Class Cost
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Senior					
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Senior					
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Senior					
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Senior					
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Senior					
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Senior					
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Senior					
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Senior					

**\*Switching/Withdrawing from any class is subject to \$25 processing fee.** Checks are payable to: **Brighter Days Dance**. Mail registration/payment to: **2593 N. Humpty Dumpty Rd. Reedsville, WI 54230** or email [brighterdaysdance@gmail.com](mailto:brighterdaysdance@gmail.com) with registration and credit card number for payment.

Total Amount Due \_\_\_\_\_

**\*credit cards will be charged a 4% processing fee**

PP

Cash  Check # \_\_\_\_\_  Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_ Zip \_\_\_\_\_

051323

Office Use Only :  C  H  E  P  N  IE  Inst  Cost # \_\_\_\_\_