

**Dance Team Kids Clinic Registration Form**  
**Registration Fee \$30.00**

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_

Session #1:  1<sup>st</sup> – 2<sup>nd</sup> grade  3<sup>rd</sup> – 4th grade  5<sup>th</sup> – 6th grade  7<sup>th</sup> grade +

Session #2:  Pre-K - Kindergarten

I agree to hold the Juneau Douglas High School, the Juneau School District, JDHS Dance Team members, parents and coaches, harmless for any injuries incurred while participating in the dance clinic, and understand that the clinic involves physical activity. I hereby give the JDHS Dance Team permission to take photographs/videos of my child and publish my child's first and last name and photograph on their website and in other publications.

\_\_\_\_\_  
Parent / Guardian Signature      Date

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