



Paid _____
Check # _____

Summer 2011 Registration Form

Please mail to 2915 S. 108th St. Omaha, NE 68144

_____	_____
Student's Name	Parent's/Guardian's Name(s)
_____	_____
Students Age/ Birthday	Street Address
_____	_____
Home Phone	City, State, Zip Code
_____	_____
Cell Phone(s)	Email Address (used for all correspondence)

New to STARS? How did you hear about us? _____

If you found us online, which site were you using? _____

Classes you wish to participate in:

- _____ Ages 3 - 5 Tuesday 4:30-5:15pm \$80.00
- ~~_____ Ages 3 - 5 Tuesday 5:15 - 6:00pm \$80.00~~
- _____ Ages 6 - 8 Tuesday 6:00-7:00pm \$90.00
- _____ Ages 9 - 14 Tuesday 7:00-8:00pm \$90.00
- _____ Advanced Tuesday 8:00-9:00pm \$90.00

_____ *Please initial that you have read the Studio Policies at www.StarsDanceOmaha.com*

Waiver of Responsibility:

I am aware that all forms of dance, and the gymnastic exercises associated with it, place unusual stresses on the body and carry with them the risk of physical injury. I assume this risk and agree that STARS Dance Academy, LLC, its staff (including guest faculty), and the facilities shall not be liable in any way for any injury my child sustains while attending classes, performances, or any STARS Dance Academy function.

___ I will allow STARS faculty to take photographs of my child for use in the Spring Recital Slideshow

___ I will allow STARS faculty to take photographs of my child for use on the STARS Dance Academy website (names will not be used.)

X _____
Parent/Guardian Signature