

Please Mail To:
Stephanie Renfrow/Klein Dance Clinic
882 North Wilcrest
Houston, Texas 77079
(must be postmarked by
Monday, July 13th!)

T-shirt Size: (please circle)
YS YM YL AS AM AL

Camp Fee: _____
Babysitting Option: _____
Total Amount Enclosed: _____

KLEIN HIGH SCHOOL BEARKADETTE DANCE CLINIC



Registration Form



Participant's Name: _____

School: _____ Grade next year: _____

Email address: _____ Home phone #: _____

Address: _____

Mother's Name: _____ Work/Cell phone #: _____

Father's Name: _____ Work/Cell phone #: _____

Family Physician: _____ Phone #: _____

Emergency phone #: _____

Babysitting Option (Thurs. 7/23 - 8am to 12:30pm) circle one Yes No

ATHLETIC AGREEMENT

The undersigned parent or legally appointed guardian of _____ does hereby consent to said student's participation in all events conducted during the Klein Bearkadette Dance Clinic. The events require physical activity; however, precautions such as warm-ups and faculty supervision will be provided. I further agree to hold KLEIN ISD, it's board of trustees, administration, and or faculty harmless from all liabilities for any injuries which the said student may receive while participating in this event.

Signature of Parent or Guardian

Klein Bearkadette Website: <http://www.bearkadettes.com>

Klein Bearkadette that you registered with: _____
(please provide the name due to the fact that the Bearkadettes will receive credit for the amount of girls that they recruit - thanks!!)