Please Mail To:
Stephanie Renfrow/Klein Dance Clinic
882 North Wilcrest
Houston, Texas 77079
(must be postmarked by
Monday, July 12TH!)

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 #: _____

Early Bird Special!!! For those campers that post date their registration on or before Monday, June 14th – you can take $5.00 off your 2010 registration fee!!! (per camper)

Babysitting Option (Thurs. 7/22 – 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, its 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!!)