The Stars Foundation – 2018-19 Registration Form

Please fill this form out completely. It must be signed to be accepted by staff.

Parent/Guardian Information

Name: _____

Address: _____

_____

Phone 1: _____Home/Cell/Work (circle one)

Phone 2: _____Home/Cell/Work (circle one)

Email: _____

Occupation/Profession: _____

Gender: Male Female (circle one)

Participant Information

Name	Age	Birthdate	Grade	Shirt size	STARS Class(es)

STARS Location: Cabool Mountain View Springfield (circle one)

Scheduling and Information

Please visit the STARS Foundation's website, TheSTARSFoundation.org, often for updates and information about scheduling, cancellations, and other info.

List any additional information you wish to share and any previous experience:

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Agreement to Participate

By submitting this application, I understand and agree that the STARS staff, directors, and officers will have full rights, title, and interest in my performance and lessons. I release the STARS Foundation and anyone involved from any and all liability arising out of his or her use of my likeness. I further agree not to make any claim against the STARS program as a result of the recording and/or use of my likeness. I hold the STARS program harmless against any and all loss, abuse, damage, death, and/or injury to myself arising directly or indirectly out of or in connection with my participation in the program. This also applies to anyone directly or indirectly involved with me participating in this program.

I understand that I will be subjected to appear in the realty show Really Cool Humans, which will be filming two seasons' worth of episodes with the STARS Foundation and its programs.

- Please initial: _____

I commit to this program as a whole and will participate in all required classes and performances. I understand that there are two (2) required concerts each year, one in the fall and one in the spring. My family will also assist with two (2) fundraisers each year and one (1) assignment contributing to a STARS Foundation performance.

- Please initial: _____

I have read and understand the following additions to this agreement: (Please initial each one)

- Rules and Regulations _____
- Payment Plan A B C D E (Circle, then initial)_____
- Student Handbook: Dance Music Theater (Circle, then initial) _____
- "Like" The STARS Foundation on Facebook _____
- Join "STARS Foundation Students" Facebook group _____

_____ _____

Parent Signature Date

_____

Printed Name