



## Team Registration Form

Student's Name:	First	Last	Age	Date of Birth
Address		City	State	Zip
School Attending			Grade (2024-2025)	
Mother's Name			Cell Phone	
Father's Name			Cell Phone	
Primary Email Address				

### Participant Release

It is my understanding that every possible precaution will be taken to prevent accidents or injury. However, in the event of some unforeseeable accident or injury, we do hereby release Star Steppers Dance Team/Studio, the owners, and instructional staff from any and all liability resulting there from. The risks involved in respect to such a program are fully understood.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

### Medical Release

To all Authorized Medical and Hospital Personnel:

I, \_\_\_\_\_, authorize the directors of Star Steppers Dance Team/Studio to obtain all medical assistance for my child. I also do authorize any necessary emergency medical attention given by a physician or hospital when so required by a member of Star Steppers Dance Team/Studio staff. This authorization is given on local situations where a parent or guardian cannot be reached and in event of an emergency developing out of town, and the parents cannot be reached without long delay.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Person to contact in emergency if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List all drug allergies or special physical conditions:

\_\_\_\_\_

## AUTO-PAYMENT AUTHORIZATION FORM

I herby authorize Star Steppers Dance to automatically bill my account with the information below for tuition and all team related expenses on the 1<sup>st</sup> of the month for the 2024-2025 competition season. **If tuition and all other expenses are not paid by the 3rd of every month, a \$25.00 late fee will be added to your account. All fees are non-refundable.**

### Bank Draft Option

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Bank Name

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Bank Routing Number

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Bank Account Number

Account Type (circle one):

Checking

Business Checking

Savings

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Customer Signature

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Date

### Debit / Credit Card Option (subject to a 3% monthly service fee)

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Name on Card

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Debit/Credit Card Number

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Expiration Date (MM/YY)

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Billing Zip Code

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Customer Signature

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Date

**\*All accounts must have a debit/credit card or bank draft on file\***

**\*No checks or American Express Cards will be accepted\***