



**2024 Fall Musical Theatre Class Registration**

**Student Name:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Parents Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home phone:** \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Child (if applicable)** \_\_\_\_\_  
**email:** \_\_\_\_\_ **Child (if applicable)** \_\_\_\_\_  
**Medical Alert:** \_\_\_\_\_

**Registering for:**

Musical Theatre Fall 2024 HTELAC (2nd-6th)\_\_\_\_ MG I (6th-12th)\_\_\_\_  
 T-Shirt Size \_\_\_\_\_

**Registration Fee per semester: \$25 due at audition**  
**Tuition: \$65.00/month, \$250.00 paid in full for Semester**

**Release of Liability**

I understand that my participation or that of my child, in the activities at BrazelDazzle Studioz is optional. I assume all risk of injury for myself or my child(ren), and hereby waive any and all claims which may arise against BrazelDazzle Studioz, Sheri Brazelton or independent contractors from any injury or ailment directly or indirectly related to me or my child(ren) participating in the activities of BrazelDazzle Studioz. I acknowledge that neither BrazelDazzle Studioz, it's owners nor independent contractors are licensed medical practitioners. In the event of a medical emergency, every effort will be made to reach parents immediately; if unable to reach you, this authorizes BrazelDazzle Studioz to call 911.

\_\_\_\_ Initials

**Photo/Media Release**

I hereby grant BrazelDazzle Studioz the right to use the name and image of the student in all forms and in all media manners, for marketing, advertising, or other lawful purposes. The undersigned hereby waives any right to inspect or approve the finished versions before any such use.

\_\_\_\_Yes \_\_\_\_No

Your signature below denotes your understanding and acceptance of all the above stated policies and conditions.

\_\_\_\_\_

Parent Signature/Date