



2024 Spring 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 Spring 2024 EMT (K-2nd) _____ MT I (3rd-9th) _____
T-Shirt Size _____

Registration Fee per semester: \$25
Tuition: \$240.00, \$60.00/month, \$230.00 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