

# VISTA RIDGE HIGH SCHOOL STAR STEPPERS

## "Dancing Into Summer"

### DANCE CLINIC REGISTRATION FORM



**Place:** Vista Ridge High School (use side entrance facing football field)  
**Date:** Saturday, May 11th 2019  
**Time:** 9:00 am – 2:00 pm  
**Show offs:** 2:00 pm – 2:30 (family and friends welcome)  
**Ages:** Pre-K through 12<sup>th</sup> grade  
**Cost:** **\$40** includes T-shirt, music, certificate with picture, and lunch  
**Dress:** comfortable clothes for dancing

\*\*All clinic participants will be invited to perform the routine they learned at the Vista Ridge Spring Football Game on Friday, May 17<sup>th</sup>\*\*

**Completed registration form and payment (payable to VR Star Steppers) must be received by May 3<sup>rd</sup>. Please send form and payment to:**

Vista Ridge High School  
200 S. Vista Ridge Blvd.  
Cedar Park, TX 78613

Attn: Star Steppers Booster Club

**OR Register online at [vrstarsteppers.com](http://vrstarsteppers.com)**

**Walk-ins and late registration welcome at an additional \$5 charge. Walk-ins please arrive 30 minutes prior to the start time to process registration.**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**T-Shirt size:**      Youth S (6-8)      M (10-12)      L (14-16)  
(Please circle one):      Adult S (34-36)      M (38-40)      L (42-44)      XL (46-48)  
**(Walk-ins or late registrations may not receive their t-shirts the day of the clinic.)**

**Please circle lunch preference: Hot Dog or Peanut Butter & Jelly Sandwich**  
(All lunches served with chips, fruit, dessert, and lemonade)

**List Food Allergies:** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_

**Emergency Phone** \_\_\_\_\_

**School** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**WAIVER OF CLAIMS:** "I hereby release any claim I might have against Leander Independent School District, the Star Stepper Booster or any of its agents, which might arise from any injury or other damage my child might incur while on the property of LISD or while participating in any activity sponsored by LISD."

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_  
(If an e-mail address is provided, a reminder will be sent the week of the dance clinic.)