

# VISTA RIDGE HIGH SCHOOL STAR STEPPERS

## "Blank Canvas!" 2010 SPRING SHOW

### DANCE CLINIC REGISTRATION FORM



**Place:** Vista Ridge High School (use side entrance facing football field)  
**Date:** Saturday, April 10<sup>th</sup> 2010  
**Time:** 9:00 am – 2:30 pm  
**Show offs:** 2:30 pm – 3:00 (family and friends welcome)\* \*Show offs located in our new Auditorium!  
**Ages:** Pre-K through 12<sup>th</sup> grade  
**Cost:** \$35 includes T-shirt, CD, certificate with picture, and lunch  
**Dress:** comfortable clothes for dancing

\*\*All clinic participants will be invited to perform the routine they learn at our Star Stepper Spring Show on April 22<sup>nd</sup>, 23<sup>rd</sup> and 24<sup>th</sup>. \*\*

**Completed registration form and payment (payable to VR Star Steppers) must be received by April 1st. Please send form and payment to:**

Vista Ridge High School  
200 S. Vista Ridge Blvd.  
Cedar Park, TX 78613  
Attn: Star Steppers Booster Club

**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, 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.)**