

Please Mail To:
Kelly Branham/Klein Dance Clinic
16715 Stuebner Airline
Spring, Texas 77379
(must be postmarked by
Friday, July 7th)

T-shirt Size: (please circle):
YM YL AS AM AL AXL

Amount Enclosed: _____

Klein High School Bearkadette Dance Clinic



Registration Form



Participant's Name: _____

School: _____ Grade next year: _____

Email address: _____ Home phone #: _____

Address: _____

Mother's Name: _____ Work phone #: _____

Father's Name: _____ Work phone #: _____

Family Physician: _____ Phone #: _____

Emergency phone #: _____

Athletic agreement

The undersigned parent or legally appointed guardian of _____ does hereby consent to said student's participation in all events conducted during the Klein Bearkadette Dance Clinic. The events require physical activity; however, precautions such as warm-ups and faculty supervision will be provided. I further agree to hold KLEIN ISD, its board of trustees, administration, and or faculty harmless from all liabilities for any injuries which the said student may receive while participating in this event.

Signature of Parent or Guardian

Klein Bearkadette Website: <http://www.bearkadettes.com>

Name of the Klein Bearkadette you registered with: _____

(Please provide the name due to the fact that the Bearkadettes will receive credit for the amount of girls that they recruit – thanks!!)