

STAFFORD PERFORMING STARS Summer 2017 REGISTRATION

performingstars@msn.com

Co-Sponsored by Stafford Co. Parks, Recreation and Community Facilities

Mail to: 22 Boulder Dr. Stafford, VA 22554

Student's Name _____ Grade (2016-2017) _____

Street Address _____ Date of birth _____

City _____ (Zip Code) _____

Phone #(____) _____ Parent or Legal Guardian _____

E-Mail Address _____

*****Please submit a \$20 Registration fee to reserve your space in class*****

Tuition \$120

Thursdays July 6th – August 10th

____ 6:00-7:00 K thru 3rd graders ____ 7:00-8:00 4th thru 7th (completed grades)

PARENT WAIVER/RELEASE OF LIABILITY AGREEMENT The signature of parent(s) listed below signifies that he/she have read, understands, and agrees to the terms and provisions of the "Stafford Performing Stars" and all related programs. The signature of the parent(s) listed below further signifies that you agree to the following additional terms and provisions: 1. The owners and employees of "Stafford Performing Stars" are hereby released from any and all liability claims relating to injuries stemming from any known or unknown defects to the building structure and the surrounding area; 2. The owners and employees of "Stafford Performing Stars" are hereby released from any and all liability claims relating to injuries stemming from pre-existing injuries and conditions; 3. The owners and employees of "Stafford Performing Stars" are hereby released from any and all liability claimed not related to owner or employee negligence; 4. The owners and employees of "Stafford Performing Stars" are hereby released from any and all liability claims for injuries stemming from the transportation of students to and from the location of "Stafford Performing Stars" functions; and 5. I understand that I am liable for paying for the entire term if my child drops out after the first two weeks of class.

SIGNATURE _____ DATE _____