

**Dee's Dolls
Registration Form 2022-2023**

Student's Name: _____ Age _____ Grade _____
School: _____

How did you find out about twirling lessons? _____

Parent or Guardian Information:

Name _____ Relation _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____ City _____ State _____ Zip Code _____

Parent's E-mail: _____ Who has permission to pick
your child up from class? _____

Emergency Contact Name: _____ Phone: _____ Relation _____

Child's Medical Information: Allergies _____

Child's Medical Problems: _____

Release Agreement

In consideration of your accepting this registration, I hereby release Dee's Dolls LLC and/or Dee Ann Wilson from any responsibility or all liability for personal injury or illness during my child's participation in twirling lessons or performance events, regardless of how caused. I understand that my child will be participating in the physical activity of twirling and twirling may cause injury. I certify that my child is in good health and is capable of participating in the enrolled classes and performances. I grant permission for my child to receive emergency medical treatment. I give permission for Dee's Dolls to use photographs and/or video of my child taken at lessons and/or performances in print and/or electronically, including posting on the Dee's Dolls website. I give permission for the Dee's Dolls to use the parent's e-mail as part of an e-mail group and/or the parent's cell phone number as part of a group text.

Parent or Guardian Signature: _____ Date _____

XX

Office Use Only:

Costume Measurements: B _____ W _____ H _____ G _____ Weight _____ Height _____

Costume Size _____ Shoe Size _____ Tights Size _____ T-Shirt Size _____