

**Pre-registration form due on or before Friday, February 22, 2008.**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Shirt Size (Circle one) Child/10-12 Child/14-16 Adult: S M L XL

# of Show Admission Tickets \_\_\_\_ Adult (\$4.00) \_\_\_\_ Student (K-12)/Seniors(\$2.00)

Dancer Pre-Registration Amount: \$25.00

Total Amount Enclosed: \_\_\_\_\_ Check # \_\_\_\_\_

(Make checks payable to: LSHS Booster Club)

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Participation Waiver

Participant's Name (Please Print) \_\_\_\_\_

Date of Birth \_\_\_\_\_

I, \_\_\_\_\_, in consideration of my voluntary application for my child to participate in the Dance Clinic, understand that my child's participation in said clinic may involve risk. I hereby disclaim, release and relinquish the Cougar Dance Team, the Cougar Dance Booster Club, and Lakeville South High School from any and all claims, actions and/or lawsuits that I, or any of my dependents, heirs or family members may have relating to any damage and/or injury that results, or is alleged to have resulted, from my child's participation at this Dance Clinic. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of those persons released from liability above, and assume full responsibility for my child's participation.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone Numbers(s) \_\_\_\_\_