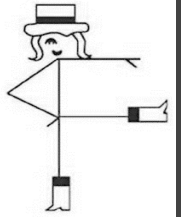




Richardson High School  
*Eaglettes*  
REGISTRATION FORM



**Participant's Name** \_\_\_\_\_

School           Grade   Age \_\_\_\_\_

Address \_\_\_\_\_

Home Phone       Cell Phone (Mom) \_\_\_\_\_

Cell Phone (Dad)      Cell Phone (Child) \_\_\_\_\_

Emergency Contact     Phone Number \_\_\_\_\_

Parent's Email      Child's Email \_\_\_\_\_

Anything else we should know? \_\_\_\_\_

**T-Shirt size** (circle one)

**Youth** medium large  **Adult** small medium large x-large

.....

I/We \_\_\_\_\_, the parents / guardians of \_\_\_\_\_ hereby release Richardson Independent School District from all liability during the Richardson High School Eaglette Dance / Drill Mini Clinic.

Photos taken of my child \_\_\_\_\_ may / may not (circle one) be included in publicity releases to local newspapers, school newsletters and RHS websites such as [www.eaglettes.org](http://www.eaglettes.org).

Parent / Guardian Name \_\_\_\_\_

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

PLEASE NOTE: No student will be allowed to participate in the clinic without the signature of a parent /guardian.

You will receive a confirmation email or phone call as soon as your registration is received. You will also receive a reminder email just before the mini clinic.

