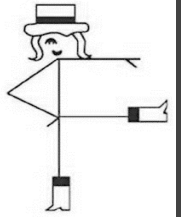




Richardson High School
Eaglettes
REGISTRATION FORM



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.

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.

