

SUMMER REGISTRATION FORM 2025

ADDRESS	CITY	ZIP CODE	
HOME PHONE	CELL PHONE_		
EMAIL			
PARENT 2	CELL PHONE		
EMERGENCY CONTACT	PHC	DNE	
STUDENT 1	DATE OF BIRTH_	SEX	
SCHOOL	GRADE AS OF S	SEPT. 2025	
STUDENT 2	DATE OF BIRTH	SEX	
SCHOOL	GRADE AS OF S	SEPT. 2025	
DR. NAME	PHONE		
ANY MEDICAL CONDITIONS/ INFORMATION			
July 14-18, 2025 (Ages 4-7)	July 2	11-25, 2025 (Ages 8 and Up)	
August 4-8, 2025 (Ages 4-7)	Augus	st 11-15, 2025 (Ages 8 and Up)	
covenant not to sue Revolution Perforr participants, any sponsors, advertisers all liability, claims, diamonds, losses, d personal injury and/or property damagother activity associated with Revolution negligent rescue operations. I grant Resocial media. I further agree that if, desagainst any of the above Releases, I w	ning Arts, LLC, its owner, director, agen, and/or owners of the premises where the amages, costs, expenses, lost wages, are, known or unknown, which may result an Performing Arts, LLC whether arising evolution Performing Arts permission to paying this release, I, the Minor or anyone	MLESS each of the Releases from any litiga	er es") from r a for, or any ling es, on
PARENT SIGNATURE		DATE	
REGISTRATION	DATE PAID	STAFF INITIALS	-