



**REGISTRATION FORM 2024-2025**

**A NON-REFUNDABLE REGISTRANTION FEE IS \$40 PER STUDENT OR \$50 PER FAMILY**

ACCOUNT (PARENT) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT 2 \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

STUDENT 1 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE AS OF SEPT. 2024 \_\_\_\_\_

STUDENT 2 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE AS OF SEPT. 2024 \_\_\_\_\_

DR. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ANY MEDICAL  
CONDITIONS/INFORMATION \_\_\_\_\_

CLASS	LEVEL	DAY	TIME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In consideration of my child \_\_\_\_\_ (“minor”)participating in dance lessons and related activities (“Activity”) at Revolution Performing Arts, LLC, I, \_\_\_\_\_ the Minor’s parent or legal guardian, hereby release, discharge, and covenant not to sue Revolution Performing Arts, LLC, its owner, director, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and/or owners of the premises where the Activity takes place (collectively “Releases”) from all liability, claims, diamonds, losses, damages, costs, expenses, lost wages, and loss of service of any kind whatsoever for a personal injury and/or property damage, known or unknown, which may result from my child’s participation in, preparation for, or any other activity associated with Revolution Performing Arts, LLC whether arising before, during or after such Activities, including negligent rescue operations. I further agree that if, despite this release, I, the Minor or anyone on the Minor’s behalf makes a claim against any of the above Releases, I will INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expense, attorney fees, loss liability, damage or cost any Releases may incur as the result of such claim.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRATION FEE \_\_\_\_\_ DATE PAID \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_