REGISTRATION FORM 2026-2027

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. 2026_____

STUDENT 2 _____DATE OF BIRTH_____SEX_____

SCHOOL_____GRADE AS OF SEPT. 2026_____

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_____