

E-mail: \_\_\_\_\_

Hard Copy: \_\_\_\_\_

### Performing Arts Academy Registration Form

Date \_\_\_\_\_ Registration Fee \_\_\_\_\_ Green Team Fee \_\_\_\_\_

Parents or Guardians \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

#### Release Agreement

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

In Case of Emergency Call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, I give P.A.A. permission to seek medical help the child or children listed above: yes \_\_\_\_\_ no \_\_\_\_\_

The undersigned has adequate health and medical insurance coverage and will not look to P.A.A. in any way whatsoever for any damage, injury, or claim which might arise out of his or her participation in P.A.A. dance activities.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Dancer's Signature

P.A.A. will provide your child with the utmost quality dance education. We will help you with placement of a professional career to the best of our ability. Upon acceptance by P.A.A. as a student, you agree not to teach or open a dance studio, academy, or school within a 60 mile radius of P.A.A. Signature \_\_\_\_\_ (Age 12 & Up)

I have a copy and have read the Performing Arts Academy Agreement. I agree to uphold them. Signature \_\_\_\_\_

#### Tuition

##### Office Use

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Annually \_\_\_\_\_

Green Team Semester June \_\_\_\_\_ November \_\_\_\_\_

P.A.A. Semester August \_\_\_\_\_ January \_\_\_\_\_

Term or Monthly

June \_\_\_\_\_ September \_\_\_\_\_ December \_\_\_\_\_ March \_\_\_\_\_

July \_\_\_\_\_ October \_\_\_\_\_ January \_\_\_\_\_ April \_\_\_\_\_

August \_\_\_\_\_ November \_\_\_\_\_ February \_\_\_\_\_

Master Classes \_\_\_\_\_ Adult Tuition \_\_\_\_\_