

RPAC REVELUTION

PERFORMING ARTS CENTER, LLC

2011-2012 Registration & Release Form

BABY DOLLS LINE BABIES MINI RETTE MINI SWINGSTER
 JR RETTE JR SWINGSTER INT RETTE INT SWINGSTER SR RETTE SR SWINGSTER SHOW-STAR

System Entry _____
 Email Entry _____
 Decal Received _____
 Sibling Discount _____

For Office Use Only:
 Enroll Date _____
 Reg Fee _____
 Tuition _____
 Teacher Roll _____
 W/D date _____

Student Last Name _____
 Student First Name _____ Date of Birth _____ Age _____
 Parents or Guardian Name _____
 Mailing Address _____
 City _____ Zip _____ Email 1 _____
 Home Phone _____ Email 2 _____
 Mother's Cell Phone _____ Father's Cell Phone _____
 Allergies _____
 Emergency Contact Name/Number _____

The undersigned agrees that RPAC or their agents will not be held responsible for claims of personal injury by me or by my child while participating in activities relating to RPAC. It is further agreed that I am solely responsible for any medical cost resulting from personal injury. I authorize any RPAC acting agent over age 18 to administer proper attention in case of emergency. I give RPAC permission to use my child's likeness and name(s) for RPAC advertising, publicity, or publication. **I agree to give RPAC 30 days written notice prior to withdrawing from any RPAC classes or I am responsible for payment.** I agree to these terms and willingly enroll my child at RPAC.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY Registration for Dance Classes OFFICE USE ONLY

Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____
Day _____	Time _____	Class Name _____