

DAY/TIME:

CLASS:

ABSECON ACADEMY OF PERFORMING ARTS 2017-2018

STUDENT'S NAME _____ BIRTH DATE _____ AGE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL (receive newsletters and updates) _____

MOTHER/GUARDIAN'S NAME _____ PHONE _____

FATHER/GUARDIAN'S NAME _____ PHONE _____

SCHOOL ATTENDING _____ GRADE _____

PREVIOUS DANCE TRAINING _____

CLASSES INTERESTED IN:

- | | | | | | |
|--------------|--------------|------------|------------|---------|-------|
| BALLET | POINTE | JAZZ | TAP | HIP HOP | IRISH |
| LYRICAL JAZZ | CONTEMPORARY | ACTING | JAZZ FUNK | | |
| KINDERDANCE | KINDERTAP | PRE-BALLET | ACROBATICS | | |

RELEASE (must be completed for enrollment)

The undersigned herewith assumes all responsibility for any injury which may occur to _____ while participating in any program or course of instruction offered by the Absecon Academy of Performing Arts, while using the equipment and facilities, and while under the direction of the Absecon Academy of Performing Arts, and hereby releases and discharges the Absecon Academy of Performing Arts, its owners, employees, instructors and agents from any and all claims for damages arising out of the participation in the aforesaid classes or as a result of the aforesaid classes and instruction.

PARENT/GUARDIAN/STUDENT OVER 18YRS _____

DATED _____ REGISTRATION FEE _____ TUITION _____