



Shine On Performing Arts

2017-2018 DANCE REGISTRATION FORM

Last Name: _____

First Name: _____

Address: _____

City/Town: _____ Zip: _____

Date Of Birth: _____ Number of Years of Dance Experience: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Alt Phone Number: _____

Medical Conditions: _____

Best Email Address for Billing info: _____

Please list in blank space below, classes your dancer will be participating in:

I acknowledge that Shine On Performing Arts, including teachers and staff, are not, and will not be liable for any injury resulting from participation in class or in any studio related activity. I also recognize that damage to, or loss of, personal property is not the responsibility of SOPA. I give permission to SOPA to use photos, or videos for advertisement purposes.

Parent/Guardian Signature: _____ Date: _____