

Progressions Performing Arts

Competition/Performance Group

REGISTRATION FORM

(Please Print)

Dance Company:

Today's Date:

DANCER INFORMATION

Dancer's last name:

First:

Middle:

Male

Female

Do you want a Solo? Yes No

Jazz

Lyrical

Musical Theater

Contemporary

Hip Hop

Tap

Birth date:

Age:

Street address:

Home phone no.:

Cell phone no.:

P.O. Box:

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Apartment Number:

City:

State:

ZIP Code:

School name:

School activities – please describe below:

Employed? Yes No

Work Phone no.: ()

Do you want a solo? Yes No

Choreography Request:

Email Address:

Jazz

Lyrical

Contemporary

Tap

Musical Theater

Hip Hop

Do you want a duo? trio? Yes No

Choreography Request:

Partner(s) Request:

Jazz

Lyrical

Contemporary

Tap

Musical Theater

Hip Hop

PARENT INFORMATION

Mother's Full Name:

Street address:

Work phone #: ()

Cell phone #: ()

Father's Full Name:

Work phone #: ()

Cell phone #: ()

Is a parent interested in volunteering? ? Yes No

If so, please check areas below that you would volunteer:

Social Committee

Fundraising Committee

Costume Committee

HEALTH INFORMATION

Is this Dancer covered by insurance? Yes No

Describe any health limitations:

Name of primary insurance (if applicable):

Subscriber's name:

Subscriber's SS#:

DOB:

Group #:

Policy #:

Co-Payment:

MEDICAL AUTHORIZATION

I, _____, am the parent and/or natural guardian of _____, a minor child, (under the age of 18 years of age), and hereby authorize PROGRESSIONS PERFORMING ARTS, LLC., their agents, servants, and/or employees to obtain whatever medical and or hospital care and treatment may be deemed necessary, within their sole discretion, while my said minor child is attending the PROGRESSIONS PERFORMING ARTS, LLC., and/or any event, competition or convention with progressions performing arts, from August 1, 2009 – July 30, 2010.

Date: _____ Signature of parent or guardian: _____

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):

Relationship to Dancer:

Home phone no.:

Work phone no.:

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The above information is true to the best of my knowledge.

Dancer's Parent/Guardian Signature

Date