

**Progressions Performing Arts**  
5220 FM 2920, Spring, TX 77388  
Office: 281.651.9885 Fax: 281.907.6883

**Registration Form**

Schedule – **Fall/Spring/Summer 2010**

Updated information date: \_\_\_\_\_

Date: \_\_\_\_\_

Have you attended classes at Progressions before? \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Subdivision: \_\_\_\_\_

School: \_\_\_\_\_ Grade (Fall): \_\_\_\_\_

Name of Parents or Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_

Student Cell Number: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Mother's Business/Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Business/Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Doctor Name & Phone: \_\_\_\_\_

Any medical conditions we should be aware of? Explain: \_\_\_\_\_

Previous dance training: Where did you study? \_\_\_\_\_

Disciplines Studied: \_\_\_\_\_

**PARENT, GUARDIAN OR ADULT STUDENT – (Please Read and Sign Below)**

**Release/Waiver**

I understand that dance instruction requires physical exertion. I also acknowledge that injury may result during instruction, including but not limited to as a result of physical contact with other students, instructors, or fixed or movable objects, or the condition of the floor. I represent that I am medically and physically able to safely participate in dance classes, workshops, and other classes offered at Progressions Performing Arts, LLC and to meet the physical demands thereof. I agree to assume all risks associated with participating in dance instruction, workshops, rehearsals, and performances at or in connection with Progressions Performing Arts, LLC. If, at any time hereafter, I have any medical or physical limitation or condition that might affect my ability to safely participate in dance classes, workshops, rehearsals, photo shoots or performances, or meet the physical demands required thereof, I will make such limitations and conditions immediately known to Progressions Performing Arts, LLC. In view of the foregoing, and as a term and condition of receiving dance instruction at Progressions Performing Arts, LLC, I, for myself, my spouse, heirs, legal representatives and assigns, expressly release, waive and discharge Progressions Performing Arts, LLC, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, from all present and future claims, demands, actions, judgments, executions and liabilities of any kind, known or unknown, that now have, ever had or may have, or claim to have, against Progressions Performing Arts, LLC, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, created by, as arising out of, any dance classes, workshops, and other classes offered at Progressions Performing Arts, LLC or related activity, regardless of where held or when held, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities, breach of contract or otherwise, and whether for bodily injury, property damages or loss or otherwise. This release is for the entire premises of Progressions Performing Arts, LLC, including but not limited to studio, bathroom, sidewalks, alleys, buildings and grounds.

**Medical Authorization**

I do authorize emergency first aid care to above student by PPA staff in the event he/she becomes ill or injured while at the studio or at incidental sponsored activities off premises if the parents and/or guardian are not immediately available at the telephone numbers provided in the registration form. I further authorize PPA staff or such agents of PPA to retain services of a doctor or other competent medical person in order to treat the said student.

**Minor Photo Release**

\_\_\_\_\_ Yes \_\_\_\_\_ No I give Progressions Performing Arts (PPA) and/or Progressions Elite permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against Progressions Performing Arts (PPA) and/or Progressions Elite with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

\_\_\_\_\_  
Parent, Guardian, or Adult Signature

\_\_\_\_\_  
Date