

POPS
Performing Arts Academy
PO Box 168
Huntersville, NC 28070
704-948-9179

Student's Name _____

Age _____ Birthday _____ Sex _____ Years of Experience _____

Guardian's Name _____

Address: Street _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Health Insurance Carrier _____

Person responsible for payment, if different from above please give name and contact number: _____

Emergency Contact (must be different than Guardian):

Name _____

Phone _____

Relation _____

Medical conditions and/or allergies (please list all) _____

Does student take medication regularly? If so, what medications? _____

How did you hear about POPS? _____

Email Address _____

Registration is not considered complete and class space is not reserved until the non-refundable, non-transferable registration fee is paid and Rules and Regulations are signed.

To be completed by PPAA

Registration Fee _____
Tuition _____
Discount _____
Total _____
Cash _____
Check _____
Credit Card _____
Type _____

Description _____

Number _____

Number _____

Receipt given? _____

Staff
Initials _____

I, the undersigned, for and/or on behalf of the minor student or students named above, do hereby release POPS Performing Arts Academy, it's promoters, instructors, personnel, and it's affiliates from any and all claims and liability for any accidents, injuries, damages, and/or losses which may occur in the course of classes, events, or on the premises.

Student/Guardian Signature _____ **Date** _____

Office Use Only

Class _____

Day & Time _____

Student # _____

Staff Initials _____

Notes

