



PERFORMANCE ACADEMY

165 N. GLENDORA AVE.; SUITE A, GLENDORA, CA 91741
626.675.4439

WWW.TOPBILLINGENT.ORG ~ TOPBILLINGENTERTAINENT@YAHOO.COM

STUDENT INFORMATION

Student's Name: _____ Birth Date: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☎ Main: _____ E-mail: _____

Please print legibly.

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☎ Home: _____ ☎ Work: _____

☎ Cell: _____ Email: _____

Please print legibly.

EMERGENCY CONTACT

Please list in order of priority.

Name	Relationship	Number
1.		
2.		
3.		

MEDICAL INFORMATION

Physician: _____ ☎: _____ Hospital Preference: _____

Insurance Company/Policy No.: _____

Allergies to Medications: _____

Additional Information/Comments (i.e. blood transfusions, etc): _____

CLASS PARTICIPATION

Class: _____	Day: _____	Time: _____
Class: _____	Day: _____	Time: _____
Class: _____	Day: _____	Time: _____
Class: _____	Day: _____	Time: _____
Class: _____	Day: _____	Time: _____
Class: _____	Day: _____	Time: _____

TUITION

One Time Registration Fee \$10
 Drop In One Class \$15
 One Hour per Week for 4 Weeks \$55
 Two Hours per Week for 4 Weeks \$100
 Three Hours per Week for 4 Weeks \$135
 Four Hours per Week for 4 Weeks \$163
 Five Hours per Week for 4 Weeks \$188
 Six Hours per Week for 4 Weeks \$210
 Seven Hours per Week for 4 Weeks \$229
 Unlimited 4 Weeks \$245

POLICIES

- Tuition is NOT PRO-RATED due to absences or holidays.
- NO REFUNDS will be issued for absences or no-shows.
- All fees are non-refundable and payable on first day of class unless other arrangements are made beforehand.
- See the classes tab on our website www.topbillingent.org for more details.

RELEASE

“The Undersigned is the (parent or legal guardian) of *the child(ren) listed on this page*, hereinafter the "Minor(s)". The Minor(s) is/are person(s) under eighteen years of age. Top Billing Entertainment Performance Academy is an entity conducting the business of teaching and training persons in the activities of **tumbling, dance, cheerleading and other related activities**, including, but not limited to, practicing in participating in performances and/or competitions. The Undersigned recognizes and acknowledges that there are inherent dangers for personal and bodily injury to the persons who are being taught, trained and competing in those activities referenced above. In consideration of Top Billing Entertainment Performance Academy permitting the Minor(s) to participate in those activities identified above, the Undersigned, on behalf of Undersigned and the Minor(s) and (his/her) heirs, executors and administrators, does hereby release, acquit and forever discharge Top Billing Entertainment Performance Academy, their officers, employees and agents of and from any and all liability to the Undersigned and/or the Minor(s) and/or (his/her) heirs, executors or administrators for any and all personal injuries, bodily injuries and losses whatsoever, which the Undersigned, the Minor(s) (his/her) heirs, executors or administrators may hereafter accrue on account of or in any way growing out of any activities identified above, whether caused by the negligence of the Releases or otherwise. The Undersigned agrees that this release shall apply while the Minor(s) is/are traveling to or from any of the said activities and irrespective of the location or facility where the said personal injuries, bodily injuries or losses occur. The Undersigned agrees that this release is intended to be as broad and inclusive as permitted by and shall be governed by the laws of the State of California.”

“I, the undersigned, do hereby authorize Top Billing Entertainment Performance Academy, their officers, employees and agents to obtain medical treatment for myself in emergency situations if needed. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Top Billing Entertainment Performance Academy responsible for payment of medical expenses.”

Printed Name

Signature

Signature of Parent/Guardian
(if under the age of 18)

Date