



Registration

Already a customer? Click here to login.

How did you hear about us? Referral Name: *
* denotes required fields

Family Last Name:
First Name: * Last Name: * Type: *
Home Phone: Cell #: Work #:
Email: * (Emails are kept confidential)

Contact #2 First Name: Last Name: Type:
Home Phone: Cell #: Work #:
Email: (Emails are kept confidential)

Address: *
City: * State: * Zip: *
Home Phone: *

Emergency Contact Info: *
(Not , Contact #2)
Health Insurance Carrier:

Student #1 Information:

Student's First Name: * Last Name: *
Student Gender: Birth Date: * (format=mm/dd/yy)
Student Email:
School: Grade Level: *
Disabilites:
Allergies:
Medications:
Primary Doctor:

:

:

Classes

Select Class #1:

Select Class #2:

Select Class #3:

Select Class #4:

Select Class #5:

Student #2 Information:

(Show-Hide Details)

Student #3 Information:

(Show-Hide Details)

Student #4 Information:

(Show-Hide Details)

Student #5 Information:

(Show-Hide Details)

Release of Liability

Release of Liability

As the legal parent or guardian, I release and hold harmless Lake Norman Performing Arts its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Lake Norman Performing, its owners and operators or in route to or from any of said premises.

I've read the above and agree.

Payment Policies

Payment Information

Our studio requires families to make payments by credit/debit card. We accept MasterCard, Visa, American Express and Discover credit cards. Tuition remains the same whether it is a long or short lesson month. Tuition will be charged or drafted on the 5th of every month. Our studio does not send out monthly statements. All tuition is non-refundable. Any attendance during a month constitutes a full month's tuition. Monthly tuition is mandatory until the studio has received a written request of cancellation at least a week prior to the next month.

I've read the above and agree.

Medical Emergencies

Medical Emergency

The undersigned gives permission to Lake Norman Performing Arts, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician be called and that my child be transported to the hospital.

I've read the above and agree.

Enter your Full Name: *

<https://app.jackrabbitclass.com/reg.asp?id=505082>

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