

Registration Form



1701 Eastgate Parkway, Columbus, OH 43230 ★ (614) 501 STAR (7827) ★  
www.starperformanceacademy.org

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Email Address \_\_\_\_\_

In case of an emergency please notify \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Please list any physical limitations, special needs, or allergies \_\_\_\_\_

I understand that these classes require physical activity and that injury may occur. I agree not to hold responsible Star Performance Academy, Be3, Airfast Heating & Cooling, Inc., Airfast Home Improvement, Inc., Directors, Instructors, Staff, or Board Members. A written consent and valid ID will be required if someone other than the parent or guardian is to pick up or transport the child. All students will be signed in and out of class. Parents must arrive within fifteen minutes after the end of a scheduled class or rehearsal to pick up child. Due to limited enrollment, I understand that I am committing my child for the entire summer camp, class, or rehearsal session:

Class \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Class \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Class \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Class \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

I understand that there is a \$25 non-refundable deposit for all classes. Please make checks payable to: Star Performance Academy. The remainder of the balance is to be paid before or on the first day of classes. A late fee of \$10 (ten) dollars will be assessed unless prior arrangements have been made with the school director. There will be a \$35 fee for all returned checks or credit card payments. Parents are required to provide some materials and appropriate clothes for class, as detailed in the class outline.

The following person may pick up my child \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_