

THE InsideOut PERFORMANCE ACADEMY

SPRING 2026 REGISTRATION FORM

STUDENT'S NAME _____

AGE _____ BIRTHDATE _____ GRADE _____ SCHOOL _____

ADDRESS _____

PHONE: HOME _____ PARENT'S MOBILE _____

EMERGENCY CONTACT: NAME _____

RELATION TO STUDENT _____

PHONE #: _____

PARENT'S EMAIL _____

STUDENT'S EMAIL _____

MOTHER'S NAME _____ WORK # _____

FATHER'S NAME _____ WORK # _____

ADDITIONAL CONTACT INFO HELPFUL FOR IOPA'S DATABASE:

PARTICIPANT'S ALLERGIES? _____

PARTICIPANT'S SPECIAL NEEDS? _____

PARTICIPANT'S SPECIAL INSTRUCTIONS? _____

PARTICIPANTS CHECK ALL AREA(S) OF INTEREST AT IOPA:

ACTING ___ : LEADING ROLE ___ or ENSEMBLE ROLE ___ or EITHER ___

SINGING ___ : SOLO ___ or ENSEMBLE ___ or EITHER ___

DANCING ___ INSTRUMENTAL ___ WHAT INSTRUMENT(S) ___ SET

DESIGN ___ PROPS ___ COSTUMES ___ STAGE MAKEUP ___ LIGHTING ___

SOUND BOARD ___

****NOTE****: RESPONSE REQUIRED: I agree to allow images of my child to be used for publicity purposes for IOPA. Children will not be identified by name:

PARENT SIGNATURE _____ YES ___ NO ___

CHURCH OR RELIGIOUS PREFERENCE (OPTIONAL) _____

PARTICIPANT'S EXPERIENCE AND PERFORMANCE HISTORY: (NOTE: NO EXPERIENCE REQUIRED).

LIST INSTRUMENTS THIS STUDENT HAS HAD FORMAL TRAINING ON. INCLUDE NUMBER OF YEARS IN TRAINING: (*Use the back side of the page for more info.)

FORMAL DANCE? STYLE AND NUMBER OF YEARS:

DESCRIBE ANY CHORAL EXPERIENCE:

DESCRIBE ANY DRAMA EXPERIENCE:

OTHER SKILLS APPLICABLE TO THIS PROJECT:

REGISTRATION FEE: 1ST GRADE THROUGH 12 GRADE: _____

****Scholarships may be available. Please inquire.****

PAYMENT PLAN: A) PAID IN FULL \$66.00 ___ B) HALF NOW/ HALF BY ___ (NA xxxxxxxx) ___

**Signature required regardless of payment plan chosen.

PARENT SIGNATURE: _____ DATE _____

****INSIDE OUT PERFORMANCE ACADEMY **SPRING 2026**

FEBRUARY 1 – MAY 3 2026 “ROUTE 66”

THE INSIDE OUT PERFORMANCE ACADEMY, IT'S FACULTY, STAFF, AND VOLUNTEERS, AS WELL AS THE BOARD OF DIRECTORS, VOLUNTEER PARENTS AND STUDENT TEACHERS OF THE INSIDE OUT PERFORMANCE ACADEMY ARE NOT LIABLE OR FINANCIALLY RESPONSIBLE FOR ANY INJURY OR LOSS EXPERIENCED DURING THE ACTIVITIES RELATED TO IOPA'S PROGRAMMING. I DO HEREBY ASSUME RESPONSIBILITY FOR ALL RISK INCIDENTAL TO THE IOPA PROJECT.

PARENT/GUARDIAN SIGNATURE _____

DATE: _____