

Turning Pointe Dance Studio

2015 SUMMER REGISTRATION FORM

Student's Name _____ Date of Birth _____ Age _____

Address _____

Parent's Name _____ Phone #1 _____ Phone #2 _____

E-Mail Address (*REQUIRED*) _____

Emergency Contact _____ Phone _____

Class/Program*	Class Day & Time*	Hours*	Tuition*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, am aware that participation in any physical activity involves risk and possibly injury. I understand and agree that Turning Pointe Dance Studio and its staff will assume no responsibilities for injuries or medical expenses incurred by my child or myself. The above-named student has no physical, mental, or emotional problems that would interfere with participation in this program. I agree to adhere to the Turning Pointe Dance Studio Rules & Policies posted at the studio.

Total Amount _____

* See web site for classes, hours & rates.

Parent/Adult Signature _____ Date _____

Please make checks payable to **TURNING POINTE DANCE STUDIO**. Mail form and payment to 509 Thomas Landers Road, Falmouth, MA 02536.

www.TurningPointeDanceStudio.org

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