

Turning Pointe Dance Studio

REGISTRATION FORM

Student's Name _____ Birth date _____ Age _____

Address _____

Parent's Name(s) _____ Home phone _____ Work phone _____ Cell phone _____

_____ Home phone _____ Work phone _____ Cell phone _____

E-mail address (*Must Complete*) _____

Emergency Contact _____ Phone _____

Division (check one): Young Children's Intensive Open Level: _____ Days: _____ Times: _____
| _____ |
| _____ |
| _____ |

Make checks payable to: Turning Pointe Dance Studio

Mail registration form, \$20 registration fee, and tuition to: 497 Thomas Landers Rd. Falmouth, MA, 02536

I am aware that participation in any physical activity involves risk and possible 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. My child (or I) has (have) no physical, mental, or emotional problems that would interfere with participation in this program. ***I have read, understand, and agree to adhere to, the Turning Pointe Dance Studio Rules and Regulations and I have also explained them to my child.*** (please check to signify agreement)

PARENT SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

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