



Susan Schott Dance Center, Inc.
 doing business as
THE DANCER'S POINTE
 105 Gatlin Avenue
 Orlando, FL 32806
 (407) 856-4163

For Office Use Only
 Date: _____
 Deposit Paid \$ _____
 Cash _____ Check# _____
 Total Paid \$ _____
 Notes: _____

STUDENT NAME: _____ Date of Birth ___/___/___ Sex F M (Circle)
 School Presently Attending _____ Grade _____ Age _____

Summer Classes at The Dancer's Pointe

- * **Ballet/Tap Class (Ages 4-6)** ***Adult Fitness**
 June 17-26 (Tues/Thurs 5:45-6:45) June 17-26 (Tues/Thurs 5:45-6:45) \$54.00 ___
- * **Tap Intensive Boot Camp (Ages 12+)**
 June 16-27 (Mon/Wed/Fri 7:00 pm-8:00 pm) \$81.00 ___
- * **Summer Workshop (Ages 5-12)** **"Fantasy and Fairy Tales"**
 July 21-25 (10:00 am-2:00 pm) Jazz, Mus. Th. and Art Workshop \$155.00 ___
- * **Acro Intensive (Ages 13-18: 12:30-2:00)** (**Ages 8-12: 2:00-3:30**)
 July 21-24 \$85.00 ___
- * **Aerial Silks Class (Ages 13-Adult: 12:30-2:00)** (**Ages 8-12: 2:00-3:30**)
 July 25 \$25.00 ___

Parent/Guardian Names: _____ HomePhone# _____
 Address _____
 City _____ State _____ Zip Code _____
 Mother's Work Phone # _____ Father's Work Phone# _____
 Mobile Phone# _____ Mobile Phone# _____
 Email Address _____

*****Emergency Contact:** (Person to be notified in the event mother/father cannot be reached)
 Name _____ Phone# _____
 Relationship _____ Address _____
 Allergies/Medications/Physical Problems we should know about: _____

WAIVER -must be COMPLETED and SIGNED before participation in dance program is permitted.

Although severe traumatic injuries, which require immediate physician's care, are rare, we prefer to be prepared in the event this should occur. Please list the doctor or his designate, to be called in an emergency.

Doctor _____ Phone# _____

****SIGNATURE** (Parent, if student is under 18) X _____

I, (Student) _____, assume all responsibility and waive any claim for compensation for accidental injury by my child while participating in the dance program at THE DANCER'S POINTE or otherwise in the care of the staff and hereby agree to indemnify and hold harmless THE DANCER'S POINTE, its agents, employees and/or servants, whether paid or volunteer, against any and all claims which may arise from any injury to said child/student while participating in the dance program. I understand that transportation to and from events is included in the waiver. This is considered valid the day of and for one year following the date of signing.

****SIGNATURE** (Parent/Guardian, if student is under age 18) X _____

I, (Student) _____, hereby give permission to THE DANCER'S POINTE Dance Studio to use my photograph in any publicity regarding its services.

****SIGNATURE** (Parent/Guardian, if student is under 18) X _____

Check and sign that you have read, are aware of, and agree to abide by the content of the Office Policies and Studio Policies.

****SIGNATURE** (Parent/Guardian, if student is under 18) X _____