



THE DANCER'S POINTE
 105 GATLIN AVENUE
 ORLANDO, FL 32806
 (407) 856-4163
www.dancerspointe.org

For Office Use Only
 Today's Date: _____
 Check#: _____ Cash: _____
 Total Pd: _____
 Notes: _____

Student Name: _____ Date of Birth: ___/___/___ Sex F M (Circle)
 School: _____ Grade: _____

Please list class names, days and times below:

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

Parent/Guardian Names: _____ Home Phone _____

Address _____ City: _____ Zip: _____

Mother's Work Phone: _____ Cell Phone: _____

Father's Work Phone: _____ Cell Phone: _____

Email _____ *(You Spoke; We Listened. PLEASE LEGIBLY PRINT YOUR EMAIL ADDRESS, as this is our families' preferred method of communication. This is how we keep you informed!)*

Emergency Contact:
 Name _____ Phone: _____ Relationship: _____

Allergies/Medications/Physical Issues 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) _____

I understand there is some inherent risk in participating in physical activity. I (Parent) _____ assume all responsibility and waive any claim for compensation for injury to 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 waiver is valid for one year from date signed.

SIGNATURE (Parent/Guardian, if student is under age 18) _____ Date: _____

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) _____

Check and sign that you have read, are aware of, and agree to abide by the content of the Office Policies and Studio Policies and recital rehearsal requirements **SIGNATURE** (Parent/Guardian, if student is under 18)
