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THE DANCER'S POINTE

5617 S. ORANGE AVENUE ORLANDO, FL 32809 (407) 856-4163

www.dancerspointe.org

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

Student Name:	Date of Birth:// Sex <u>F_M</u> (Circle)
School:	Grade:
Please list class name	s, 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	
Emergency Contact: NamePh	one:Relationship:
Allergies/Medications/Physical Issues we should know about:	
Doctor Phone	

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) X	Date:	
I, (Student), hereby give permission to 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 rehearsal requirements SIGNATURE (Parent/Guardian, if student is		

Student Waiver & Release of Liability