



**THE DANCER'S POINTE**  
5617 S. ORANGE AVENUE ORLANDO, FL 32809  
(407) 856-4163 [www.dancerspointe.org](http://www.dancerspointe.org)

**Please Print Clearly**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex F M (Circle)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please list class names, days and times below:**

Class Name	Day	Time	Class Name	Day	Time
1)			6)		
2)			7)		
3)			8)		
4)			9)		
5)			10)		

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies/Medications/Physical Issues we should know about: \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Student Waiver & Release of Liability**

I understand there is some inherent risk in participating in physical activity.

I (*Parent/Guardian Name*) \_\_\_\_\_ 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 Name*) \_\_\_\_\_, 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 age 18)

Date: \_\_\_\_\_

I have read, are aware of, and agree to abide by the content of the Office Policies, Studio Policies and Recital Packet.

\_\_\_\_\_  
**SIGNATURE** (Parent/Guardian, if student is under age 18)

Date: \_\_\_\_\_