

TURNING POINTE DANCE STUDIO – REGISTRATION FORM 2011/2012

Dancer's Name: _____ Age: _____ Birthdate: (yy/mm/dd)

Mailing address: _____

_____ Postal Code: _____

Home phone: _____ Cell phone: _____

Alternate phone (please specify: work, office, etc.): _____

Parent's email: _____

Mother's Name: _____ Father's Name: _____

Medical problems the studio should be aware of: _____

Suggested Classes:

The classes appropriate for your dancer's age & level have been highlighted on your 2011/2012 schedule. Please print your class choices below.

Please register me for:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Total hours of instructional time per week: _____

Costume deposit (Non-Refundable after Nov. 30th, 2011) \$20.00 X _____ classes = \$ _____

Rules and Regulations Waiver

Turning Pointe Dance Studio, including all participating instructors and staff members will NOT be held responsible for any claims to damages or injuries of any kind to any dancer resulting from activities held on Turning Pointe Dance Studio premises or at any of the events that the dance school is taking part in.

Turning Pointe Dance Studio reserves the right to use student photos and video for advertising and publicity purposes.

Withdrawing from classes: Dancers permanently withdrawing from a class **MUST** notify the office by phone, letter, or email to avoid the next term's payments from being processed. This notification **MUST** be received **prior** to the end of the current dance term.

Refunds: Refunds will **ONLY** be allocated within the first 2 weeks of the **Fall** term. There will be a \$10.00 administration fee applied to all refunds. **No refunds will be given after the first 2 weeks of the Fall term or during any other term.**

I have read the rules and regulation waiver and the class rates form to determine my dancers total fees. I have agreed to leave either post dated cheques or credit card information.

Date: _____

Signature: _____

