

**Dancers Pointe Academy of Dance  
REGISTRATION FORM**

Student's Name: \_\_\_\_\_ Hm. Phone: \_\_\_\_\_

Mom's name: \_\_\_\_\_ phone \_\_\_\_\_ (cell) \_\_\_\_\_  
(email) \_\_\_\_\_

Dad's name: \_\_\_\_\_ phone \_\_\_\_\_ (cell) \_\_\_\_\_  
(email) \_\_\_\_\_

**CLASS SELECTION(S):**

	Monday	Tuesday	Wednesday	Thursday	Friday
10:00 am					
11:00 am					
1:00 pm					
4:20 pm					
5:20 pm					
6:30 pm					
7:30 pm					
8:30 pm					

Check All That Apply:

Dance Team: Any in the past Yes \_\_\_\_\_ No \_\_\_\_\_

Teen Jazz \_\_\_\_\_

Lyrical \_\_\_\_\_

Jr. Jazz \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Monthly Tuition: \_\_\_\_\_

Home Address:

Student's Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of School \_\_\_\_\_

Traditional: \_\_\_\_\_ Year Round \_\_\_\_\_ Current Grade \_\_\_\_\_

Any health issues:

\_\_\_\_\_

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Number of year's  
Studied: Ballet \_\_\_\_\_ Jazz \_\_\_\_\_ Tap \_\_\_\_\_ Lyrical \_\_\_\_\_  
Other \_\_\_\_\_

Number of years other physical activity: \_\_\_\_\_

Describe other dance experience:

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Describe performance experience:

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Other interests:

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Reason for studying dance:

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How did you find out about us?:

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Initial the following statements:

\_\_\_\_\_ Dancers Pointe provides a complete listing of Policies and Procedures to the parents of all students. I acknowledge I have received a copy of the Policies and Procedures and agree to all of the terms therein.

\_\_\_\_\_ I understand that there is an assumption of risk with all physical activity. I understand that Dancers Pointe Academy of Dance makes every effort to ensure a safe environment for all students, but accidents can happen despite best efforts. I understand that should an incident occur involving my child, my personal medical insurance will be liable for any expenses.

\_\_\_\_\_ Photo Release: I hereby give permission for Dancers Pointe Academy of Dance to take photos and/or videos to use for promotion purposes.

Date \_\_\_\_\_ Signed \_\_\_\_\_