THE DANCE POINTE REGISTRATION FORM 2017 - 2018

Please be advised registration forms are processed in the order in which they are received. Either in person or via mail. Please call (203)559-8634 with any questions and/or concerns that you may have. $25.00 registration fees are non-refundable. Current students may register beginning April 29, 2017.

PARTICIPANT INFORMATION **DATE**

NAME: PRIMARY PHONE NUMBER: ( )

ADDRESS: CITY: STATE: ZIP:

DATE OF BIRTH: / / AGE: CURRENTLY ENROLLED at THE DANCE POINTE: YES: NO:

SCHOOL NAME: GRADE IN THE FALL:

I/We grant permission for my child to be included in photographs and/or videotapes connected with The Dance Pointe. YES:_____ NO:_____
How did you hear about the program? Friend___ Word of mouth____ Internet____ WGCC_____ Other_____

FAMILY INFORMATION

PARENT 1 NAME: EMAIL: @

CELL NUMBER: ( ) - BUSINESS PHONE NUMBER: ( ) -

PARENT 2 NAME: EMAIL: @

please add this email to all TDP correspondence Yes ___ No____

CELL NUMBER: ( ) - BUSINESS PHONE NUMBER: ( ) -

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

NAME: RELATION: PHONE NUMBER: ( ) -

CLASS REGISTRATION INFORMATION

If you are unsure of your child's level please contact the office. The Dance Pointe places students in appropriate levels based upon various factors including; age, technique level and individual needs.

DESIRED # OF CLASSES PER WEEK

1.CLASS NAME: DAY: TIME: DEPOSIT: $250.00

2.CLASS NAME: DAY: TIME: DEPOSIT:

3.CLASS NAME: DAY: TIME: DEPOSIT:

4.CLASS NAME: DAY: TIME: DEPOSIT:

REG FEE: $25.00

REGISTRATION FEE

Please note there is a non-refundable, annual family registration fee of $25.00.

REFUND POLICY

Refunds can only be issued within the first two weeks of the dance season or due to medical reasons.

PAYMENT INFORMATION

Please make checks payable to The Dance Pointe and attach it to this form. For credit card payments, please complete the information below using a Visa, MasterCard or American Express. A $250.00 deposit per class is required. Remainder is due by September 1, 2017. Invoices will be mailed in August. Please note a 3.5% processing fee will be applied to all credit card transactions.

DEPOSIT AMOUNT: or FULL PAYMENT AMOUNT:

CREDIT CARD NUMBER:

EXPIRATION DATE: / / CVC: BILLING ZIP CODE:

CARDHOLDER'S NAME: AUTHORIZING SIGNATURE: DATE: / /

PLEASE KEEP CARD ON FILE | YES NO PLEASE CONTACT ME WITH A PAYMENT PLAN | YES NO

PARTICIPANT'S NAME _____

LIABILITY WAIVER

I acknowledge that I am the parent/guardian with legal responsibility for the above-referred participant(s) and am therefore authorized to legally bind him/her. I acknowledge that activities provided by The Dance Pointe involve movement and physical demands that may result in physical injury. I understand that dance is a physical activity which requires instructors to be allowed to come into appropriate physical contact with students for the sole purpose of correcting a movement or technique.

(1) I agree to release, indemnify and hold harmless The Dance Pointe, its agents, representatives, officers and employees and all instructors from and for any and all claims (including but not limited to claim of negligence or carelessness) , causes any and all claims, actions, causes of action, damages, and attorney fees, arising from personal injuries that may be sustained by my child ,resulting from participation in the programs provided by The Dance Pointe regardless of program location.

(2) Photo Liability Release: I allow pictures of my child to appear on the The Dance Pointe website. Initial: _____

(3) Tuition Payment Agreement: I understand that by signing this agreement, I am committing to pay the required tuition of $_____ by the due date determined by The Dance Pointe and will incur late charges if over 30 days overdue.

(4) Cancellation policy: Deposits are non-refundable. Tuition refunds will be issued only due to a medical condition or immediately after the second class session. Registration fees and deposits will not be refunded. No refunds will be given on classes missed due to, school holidays.

MEDICAL AUTHORIZATION

As parent/guardian with legal responsibility for _____ , I hereby:

(1) Certify that he/she is in proper physical condition to participate in programs at and associated with The Dance Pointe.

(2) Consent that The Dance Pointe is allowed to render first aid to him.her in the case of illness or injury.

(3) Acknowledge that I have adequate health insurance and am responsible for any and all medical expenses. I have made The Dance Pointe aware of any and all physical as well as mental problems, restrictions or conditions and here declare the participant in good health.

(4) Please indicate below any allergies or conditions The Dance Pointe staff need be aware of:

_____

_____

The Dance Pointe will notify parents/guardians immediately or as quickly as they can be reached in the case of any illness/injury.

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of physical activities at The Dance Pointe. I assume all risks for my child's health and well-being and hold harmless of any responsibility The Dance Pointe faculty.

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

FOR OFFICE USE ONLY

DSP _____ GM _____ MC _____ IN _____ PP _____ TDP INITIAL _____ DATE _____