

TPDC
Adult Dance Cardio with Alexa
Registration Agreement

Name: _____
(First name) (Last name)

Address: _____
(Street) (Town) (Zip)

Phone: (____) - ____ - ____

E-mail _____

Emergency Contact: Name: _____ **Phone:** (____) - ____ - ____

Wednesdays @ 7:45pm					
10/3	10/10	10/17	10/24	11/7	11/14
11/21	11/28	12/5	12/12	12/19	

**Please place a check under the dance class that you are registering for.
The cost of participation in all 11 classes is \$110 or \$12 by the class.**

AGREEMENT:

I understand the risks inherent in dance activity. I release Turning Pointe Dance Center and its staff from any and all legal liability and medical cost arising due to any injury incurred during the course of instruction or participation in any TPDC related activity.

I release rights to all photos taken in relation to Turning Pointe Dance Center, for exclusive TPDC use in promotion or advertising.

Signature _____ Date ____/____/2018

Total amount due \$ _____ Check # _____ Cash _____ Credit Card _____