

# TPDC

## Little Movers Registration



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First Name) (Last Name)

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
(First Name) (Last Name) (First Name) (Last Name)

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

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Turning Pointe Dance Center? Sign Ad Website Social Media

\*If your child has any medical conditions we should be aware of, please list below:

I hereby permit my child to participate in dance and/or gymnastics and understand that risks inherent in such activities. I release Turning Pointe Dance Center and its staff from any and all legal liability and medical costs arising due to any injury 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

	SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5
<b>DATES</b>	<b>SEPTEMBER / OCTOBER</b>	<b>NOVEMBER / DECEMBER</b>	<b>JANUARY / FEBRUARY</b>	<b>MARCH / APRIL</b>	<b>MAY / JUNE</b>
<b>WEDNESDAY #32S</b> 10:00-10:45 AM SPRINGFIELD					
<b>PAID</b>					
<b>SATURDAY #80S</b> 8:15-9:00 AM SPRINGFIELD					
<b>PAID</b>					

**OFFICE USE ONLY:**       ENTERED IN DANCEWORKS       ENTERED IN COMPUTER  
**NOTES:**