

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
DATES	SEPTEMBER / OCTOBER	NOVEMBER / DECEMBER	JANUARY / FEBRUARY	MARCH / APRIL	MAY / JUNE
WEDNESDAY 10:00 -10:45 AM SPRINGFIELD					
PAID					
SATURDAY 9:00 - 9:45 AM SPRINGFIELD					
PAID					

OFFICE USE ONLY: ENTERED IN DANCEWORKS ENTERED IN CLASS BOOK

NOTES: