



TPDC For All Abilities Registration Agreement

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: _____

Please indicate any special medical or social information that will assist us in providing your child with the best possible experience. For any additional information please contact Valerie Sobol at All_Abilities@turningpointdancecenter.com

I hereby permit my child to participate in dance and/or gymnastics and understand the risks inherent in such activities. I release Turning Pointe Dance Center and its staff from all legal liability and medical costs arising due to any injury or exacerbation of any existing or new medical or social conditions during 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: ____/____/____

Class Selection	Springfield Location 191 Mountain Ave. Springfield NJ. 07081		
	SUNDAY	SESSION 1 SEPTEMBER / OCTOBER	SESSION 2 NOVEMBER / DECEMBER
		Sept. 8, 15, 22 Oct. 6, 20, 27	Nov. 3, 10, 17, 24 Dec. 1, 8
9:00 - 9:45 AM Sensory Smalls Ages 3 - 6			
10 :00 – 10:45 Boogie Bunch Ages 7 - 11			
11:00 -12:00 Groove Group Ages 12 - 16			
12:15 - 1:15 Social Rhythms Ages 17 +			