



# 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@turningpointedancecenter.com](mailto:All_Abilities@turningpointedancecenter.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	
	SESSION 2	
	SUNDAY	NOVEMBER / DECEMBER
		Nov. 3, 10, 17, 24 Dec. 1, 8
	10 :00 – 10:45 am Boogie Bunch 3 – 6 years old	
	11:15 -11:45 am Groove Group 7 – 14 years old	
	12:00 - 1:00 pm Social Rhythms Teens -Adults	