TPDC For All Abilities: Social Rhythms 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

_____

_____

Will your child be participating in the 2027 Dance Recital? (Please circle): Yes No
If yes, please also fill out the recital agreement form.

Will you be using NJ DDD funding to offset the cost of services? (Please circle): Yes No N/A

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.

Signature: _____ **Date:** _____/_____/_____

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

Signature: _____ **Date:** _____/_____/_____

Springfield Location 191 Mountain Ave. Springfield NJ. 07081			
$25 / drop in	**SESSION 1**	**SESSION 2**	**SESSION 3**
SUNDAY	**SEPTEMBER / OCTOBER**	**OCTOBER/ NOVEMBER**	**DECEMBER**
12:00 - 12:45 PM Social Rhythms Ages: Teens & Adults	**9/13 9/20 9/27 10/4 10/18**	**10/25 11/1 11/8 11/15 11/22**	**12/6 12/13 12/20**