TPDC For All Abilities: Social Rhythms
Recital Agreement

Student Name:_____ ☐ **New Student** ☐ **Returning Student**
(First name) (Last name)

Springfield Location **191 Mountain Ave. Springfield NJ. 07081**		
SUNDAYS	**Fall Schedule**	**Spring Schedule**
12 to 12:45 PM	**Sept. 13, 20, 27** **Oct. 4, 18, 25** **Nov. 1, 8, 15, 22** **Dec. 6, 13, 20**	**DATES TBD - January, February, March, April, May, June**

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

AGREEMENT: I hereby enroll my child to participate in the recital with the Dance for All Abilities program at Turning Pointe Dance Center (TPDC). I have read and agreed to all policies, terms and conditions as stated in Turning Pointe literature including, but not limited to, tuition rates and payments, costume payments, general recital information, etc.

I understand that I may withdraw from the program at any time during the dance season by notifying TPDC in writing prior to the beginning of a new session. If TPDC is not notified in writing it is understood that I am not relieved of my obligation to pay all incurred tuition fees. I acknowledge that tuition will not be refunded as a spot has been held for my child. I also acknowledge that excessive absenteeism may result in my child being ineligible to participate in TPDC recitals.

I understand that there is a mandatory **$25 processing fee** for those enrolling in the recital.

I understand that an **$85, $110, or $120 costume fee** will be due on January 10th.

I understand that a **$65 recital fee** will be required per account and will be charged in the Spring, prior to the show.

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

I hereby permit my child to participate in dance and/or gymnastics and understand the risks inherent in such activities. I release and hold harmless Bodyworx Etc. Inc trading as Turning Pointe Dance Center and its staff from any and all legal liability and medical cost arising due to any injury incurred during the course of 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:** _____/_____/_____