



THE DANCER'S POINTE

2023-24 Dance Class Registration Form

207 LaGrange Road, P.O. Box 341 Pewee Valley, KY 40056
(502) 243-2522 | E-mail: dancers22pointe@gmail.com
www.dancerspointeky.com

Student's Name: _____

Birthday: _____

Age: _____

School: _____

Grade: _____

Parent/Guardian Name(s): _____

Address (street, city, zip): _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Please list any health concerns: _____

List any previous dance experience (type, where, how long): _____

T-Shirt Size: _____

This is my _____ year @ The Dancer's Pointe

STATEMENT OF DISCLAIMER

I am aware that there are risks of physical injury associated with dance and athletic programs. I hereby waive, on behalf of my child and myself, our personal representatives, successors or the assigns, any claims for damages that we may have against **The Dancer's Pointe**, faculty, chaperons, and agents, whether hired or volunteer, for any injury sustained by my child or loss of property during attendance while participating in any programs or functions conducted by **The Dancer's Pointe**.

In case of emergency, I authorize **The Dancer's Pointe** to call emergency medical service and I agree to assume every financial obligation of the emergency situation.

I have reviewed **The Dancer's Pointe** policies and procedures and agree to abide by the rules and regulations as stated. Failure to do so may result in dismissal and forfeiture of previous payments.

Signature of Parent or Guardian

Date

The **Dancer's Pointe** has my permission to use photos and videos of the above named student to inform others about our studio. Such photos and videos may be used for press releases in newspapers or magazines, for educational or advertising purposes, as well as on our website or social media site.

Signature of Parent or Guardian

Date