



6801-B Douglas Legum Dr.
 Elkridge, MD 21075
 Phone: 410-799-1333
 www.turningpointedanceacademy.org

Turning Pointe Dance Academy

Summer 2010 Registration Form

Student Name: _____

DOB: _____

Parent/ Guardian: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell: _____

E-mail Address: _____

Emergency Contact: _____

Phone: _____

List any medical conditions, allergies or special needs: _____

Program:

Cost:

Magical Movement

June 28 - July 2

"All the Worlds a Stage"

Week 1: June 28 - July 2

Week 2: July 5 - July 9

Dance Intensive

July 29 - August 1

Summer Classes

Class:

Length:

Cost:

Total Cost for Summer Program:

Waiver: I fully understand that in any dance program there is an element of risk involved. Therefore, I agree to release Turning Pointe Dance Academy, LLC, its employees, members, and any volunteers from any and all liability related to accidents or injuries received on the premises or while engaged in any studio-related activities or traveling to and from its facilities or events. I have understood and agree to the Turning Pointe Dance Academy policies.

Parent/ Guardian Signature: _____

Date: _____