

TURNING POINTE DANCE CENTRE

1205 2nd Street, Snohomish, WA 98290

360-668-TPDC (8732)

STUDENT REGISTRATION FOR DATES:

| | | | | | | |
|-------------------------------|------------------------------|--------|-------|-----|------|-----------|
| STUDENT NAME: | NEW OR RETURNING | INS | CLASS | DAY | TIME | TOTAL HRS |
| BIRTH DATE: | SCHOOL DISTRICT: | GRADE: | | | | |
| MOTHER'S NAME: | | | | | | |
| FATHER'S NAME: | | | | | | |
| ADDRESS: | | | | | | |
| CITY: | ZIP: | | | | | |
| HOME PHONE: MOTHER () | CELL PHONE: MOTHER () | | | | | |
| EMPLOYER: MOTHER | WORK PHONE: MOTHER () | | | | | |
| HOME PHONE: FATHER () | CELL PHONE: FATHER () | | | | | |
| EMPLOYER: FATHER | WORK PHONE: FATHER () | | | | | |
| EMERGENCY CONTACT NAME: | | | | | | |
| EMERGENCY CONTACT PHONE: | () | | | | | |
| EMAIL ADDRESS: | | | | | | |
| HOW DID YOU HEAR ABOUT US: | | | | | | |
| ALLERGIES/MEDICAL CONDITIONS: | | | | | | |

The undersigned does _____ / does not _____ give permission for Turning Pointe Dance Centre staff to authorize Emergency Medical Treatment for the above-named student in the event they find it is necessary. The undersigned does _____ / does not _____ give permission for the Turning Pointe Dance Centre staff to administer Tylenol or Ibuprofen for the above-named student in the event they find it is necessary.

Email addresses will be used for sending client information regarding schedule changes, snow closures, etc. and will not be shared with anyone. Student and their guardian(s) grant Turning Pointe Dance Centre the right to copyright and/or publish images captured through video, photo or digital camera, of which student may be included in whole or part, for news release, website publications, advertising materials (including, but not limited to, signage, brochures, yellow pages, flyers, newsletters, etc.). Student and their guardian(s) waive any right that they may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied. Student and their guardian(s) release, discharge and agree to save Turning Pointe Dance Centre from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composition form, whether intentional or otherwise, that may occur or be produced in the making of said images, or in any processing tending towards the completion of the finished product.

HOLD HARMLESS AGREEMENT: THE ABOVE-NAMED STUDENT AND THEIR GUARDIAN(S) INDEMNIFIES AND HOLDS HARMLESS TURNING POINTE DANCE CENTRE AND THEIR AGENTS AND OFFICERS FROM ANY LIABILITY WHATSOEVER FOR ANY DAMAGES OR INJURIES, AND FROM ANY AND ALL CLAIMS AND DEMANDS, INCLUDING ATTORNEY FEES, ARISING OUT OF THE PARTY'S PARTICIPATION IN DANCE CLASSES, PRIVATE LESSONS, REHEARSALS AND/OR PERFORMANCES PROVIDED BY OR PARTICIPATED IN THROUGH TURNING POINTE DANCE CENTRE. WE RECOMMEND STUDENT'S PHYSICIAN BE CONSULTED PRIOR TO PARTICIPATION.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE RECEIVED AND READ THE ABOVE INFORMATION AND ALL THE POLICIES ATTACHED (STANDARD AND COVID-19) TO THIS PAGE AND UNDERSTAND AND AGREE TO ABIDE BY ALL OF THESE TERMS AND CONDITIONS.

SIGNATURE (Guardian if student is under 18 / Student if 18 or over)

WITNESS SIGNATURE

PRINT NAME

PRINT NAME

DATED SIGNED

DATE WITNESSED

| DATE | PAID BY | TUITION | RETAIL | TOTAL AMOUNT PAID |
|------|---------|---------|--------|-------------------|
| | | | | |