

Rhythm Po!nte Dance Academy Registration and Release Form 2020-21

This will hold your place in the class of your choice.

Students Name _____ Address _____

City _____ Zip Code _____ Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell _____

Emergency Contact Person _____ Emergency Contact _____

PLEASE LIST ALLERGIES _____

Dr. Name _____ Dr. # _____

E-mail _____ Boy ___ Girl ___

Birth date _____ Age _____ Grade _____ School _____

How did you hear about us (detail please)? _____

CLASSES REGISTERING FOR: (PLEASE USE THE BACK SIDE OF THIS SHEET FOR ALL OTHER CLASSES)

DAY _____ TIME _____ CLASS _____

DAY _____ TIME _____ CLASS _____

DAY _____ TIME _____ CLASS _____

DAY _____ TIME _____ CLASS _____

DAY _____ TIME _____ CLASS _____

DAY _____ TIME _____ CLASS _____

DAY _____ TIME _____ CLASS _____

DAY _____ TIME _____ CLASS _____

Total Tuition _____ Registration Fee _____ Total Amount Paid _____

Cash ___ Check # _____ Credit Card Visa ___ MC ___ Received by _____ Balance due _____

YOU CANNOT RECEIVE CREDIT FOR A MISSED CLASS. All students, parents/legal guardians, are aware of possible physical injury that may occur during all dance/gymnastic classes, camps, performances, online classes, outdoor classes, and rehearsals and are willing to assume those risks. It is agreed that students and/or their parents/ legal guardians will never hold Rhythm Pointe Dance Academy, its directors, teachers, any employees, and/or assistants liable for injuries sustained while in attendance or while participating in any Rhythm Pointe Dance Academy activity, class, rehearsal, and/or performance. I certify that I / my child are in good health, are aware of the Covid risks, and are able to participate safely in these activities. Signing this agreement acknowledges that I have read, understand it fully, and agree to Rhythm Pointe Dance Academy's terms. I understand all of Rhythm Pointe Dance Academy's rules, regulations, terms and will abide by them. I understand that classes with five or less students enrolled in may result in cancellation of the class or combined and/or result of a shorter length dance class. I give my permission to Rhythm Pointe Dance Academy to use pictures and video of my child for advertising purposes.

Parent / Guardian Signature _____ Date _____

Student Signature (age 16 or older) _____ Date _____

***REMINDER – IN CASE OF CANCELLATION OF A CLASS BY THE PARENT/CHILD, REGISTRATION FEES ARE NON-REFUNDABLE.**