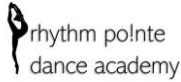


Rhythm Po!nte Dance Academy Fall 2026-27 Registration and Release Form



Classes begin September 8th

50685 Mound Road, Shelby Twp., MI 48317 586-726-9565 www.rhythmpointe.com

Student Name _____

Birth date _____ School _____ Grade _____

Medical Info/Health Concerns _____

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone Number (_____) _____ Email _____

Cell Phone Number (_____) _____ Work Phone Number (_____) _____

Emergency Contact Name _____

Relation to Student _____ Phone Number (_____) _____

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 can participate safely in these activities. RPDA does not issue credits other than a credit that can be issued and used at Rhythm Pointe Dance Academy. 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 _____

CLASSES ENROLLED IN

<u>CLASS NAME</u>	<u>LEVEL</u>	<u>ROOM</u>	<u>DAY</u>	<u>TIME</u>	<u>TUITION</u>
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	_____	\$ _____

Total Tuition Due: \$ _____

FOR OFFICE USE ONLY:

Registration fee _____ Check # _____ Credit Card Visa _____ MC _____ Received by _____

Total Amount Due _____ Paid _____

IN CASE OF CANCELLATION OF CLASSES BY THE PARENT/CHILD, REGISTRATION FEES ARE NON-REFUNDABLE.