

POINTE SOUTH DANCE & TUMBLE

SUMMER REGISTRATION

Student's name _____ D.O.B. ___/___/___ Age as of Aug. 1st _____

Parent's or legal guardian's names _____

Email *REQUIRED _____

Street _____

City _____ Zip _____ Home Phone [_____] _____

Work Phone [_____] _____ Cell Phone [_____] _____

Emergency Contact (other than parent) _____ Phone _____

Does the student have any allergies? Yes /No If yes, please list: _____

How did you hear about us? _____ Has the student had any previous dance training? Yes No

Please circle which camp(s) you will be attending & dates (\$45 per camp per week Mon.-Thurs.)

June 11th-14th or June 25th-28th

Studio 3

***Basics Tumble Camp (age 5 & up) 5:00-5:45**

***Back Handspring Clinic (approval only) 5:45-6:30**

***Tucks & Twists Clinic (approval only) 6:30-7:15**

***Contortion/Hand Balancing (approval only) 7:15-8:00**

Studio 4

***Princess Dance Party (age 2-4) 5:30-6:15**

***Little Flippers Tumbling (age 3-5) 6:15-7:00**

Release of Liability

As the legal parent or guardian, I release and hold harmless Pointe South Dance & Tumble, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Pointe South Dance & Tumble, its owners and operators or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to Pointe South Dance & Tumble, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. Also, I authorize a licensed medical professional to examine this minor child and, in the event of an injury, to render such care as he or she deems as necessary for the treatment of such injury. I further authorize Pointe South Dance & Tumble staff to send this child to the hospital or licensed medical professional most accessible in the event of an injury or accident.

Photo Release and Consent

By signing below I hereby give my consent for any and all photos of participants to be released to Pointe South Dance & Tumble. Photos may be used on our Facebook page as well as our Website.

I've read all of the above and the Studio Policies and agree.

Date ___/___/___

Signature of parent or legal guardian, if student is under age 18, or student age 18 and older