~Registration Form 2019-2020~

Please Print

1. Name_____DOB_____/_____/_____Age_____

2. Name_____DOB_____/_____/_____Age_____

Address_____

City_____State_____ Zip_____

Email: _____
(Monthly newsletters are sent out with updated information for your convenience)

Parent's Name_____ Home Telephone#_____

Cell Telephone # _____ Work Telephone #_____

Emergency Contact _____Phone#_____
Relationship_____

MEDICAL INFORMATION

- *List medical conditions _____*
- *List physical limitations_____*

- *Previous Dance Experience? Yes_____ No_____*
- *Previous Years Completed? _____*
- *Where? _____*
- *Comments:_____*
  _____
  _____
  _____

PERMISSION TO USE STUDENT(S) PHOTOGRAPHS ON WEBSITE

_____I give BPDS permission to use my child's photographs on the website. _____ (INT)
_____I do not give BPDS permission to use my child's photographs on the website._____ (INT)

- ***How did you hear about BPDS?*** ____
- ***REFERRED BY:***
  STUDENT NAME: ____

Classes available to all ages and abilities.
~Group & Private Classes Available~
Offering classes in:

____***Ballet***	____***Jazz***	____***Fitness***
____***Pre-Pointe/Pointe***	____***Tap***	____***Gymnastics/Acro***
____***Contemporary***	____***Hip Hop***	____***Combo Classes****

****Combo classes available for ages 18 months and up.***
(Ballet, Tap*, Jazz & Gymnastics)

****Tap for only age 3 and up.***

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***I UNDERSTAND THAT DANCING CAN CAUSE INJURIES THAT CAN BE FATAL. BREAKING POINTE DANCE STUDIO IS HEREBY RELEASED, FOREVER DISCHARGED AND NOT HELD LIABLE FOR ANY INJURIES A STUDENT SUSTAINS DURING THE COURSE OF CLASSES.

ALONG WITH THE POLICIES AND PROCEDURES, I HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE ATTACHED REGISTRATION AGREEMENT OF BREAKING POINTE DANCE STUDIO.

Signature____***Date:***_____________

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BPDS Staff Use Only

Class: ____

Level: ____

Additional Notes:

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