

Turning Pointe Academy of Dance
9150 Harrison Park Ct Ste B
Indianapolis, IN 46216
317.377.TPAD (8723)

Student Information

Name	_____	Age	_____	Birth date	_____
Address	_____				
City	_____	Zip	_____		
Phone	_____	Alt. Phone	_____		
Email	_____				
Emergency Contact	_____	Emergency Phone Number	_____		
Were You Referred?	_____	If yes, by who?	_____		
Please list any dance experience or training in years prior					
_____			_____		
Studio/Academy Name			Length of Time		

Please list any additional comments below

Parents/Guardians give permission for name, address and phone number to be published in Turning Pointe Directory for carpool and/or studio related purposes only. Initial _____

Medical Information

Does your child suffer from allergies, hay fever, epilepsy, or any other disability, including sports injuries, which you feel the staff should know of about?

Doctor's Name	_____	Doctor's Number	_____
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Medical Release in case of Emergency

If I cannot be contact in the event of an emergency, I hereby authorize Turning Pointe Academy of Dance or its appointed representative to sign for medical care. I hereby give my permission to be treated by a medical professional recommended by Turning Pointe Academy of Dance. In the event of a non-emergency medical situation, Turning Pointe Academy of Dance may recommend a medical professional for care. The decision whether to consult a medical professional for non-emergency care will be my decision.

Parent/Guardian Signature _____ **Date** _____

Health Insurance Information

Carrier Name & Address _____

Policy Number _____

**Parents/Guardians are responsible for co-payment amount if required by the attending physician*

Liability Waiver

I understand that Turning Pointe Academy of Dance is not responsible for any injuries sustained prior to the beginning of classes. I recognize that my child’s participation may expose him/her to the risk of injury or harm. I accept this risk and hereby release Turning Pointe Academy of Dance, its agents and employees from all liability for personal injury, illness, or property damage occurring during instruction or performance.. I understand that the studio is not accountable for any injury, illness, or property damage occurring during instruction or performance. I certify that my child is in good health and capable of participating in all of the activities and classes.. I fully understand that the use of alcohol, tobaccos, illegal drugs and/or demonstration of unacceptable standards of behavior will result in the dismissal of my child from the studio with no tuition refund. Turning Pointe Academy of Dance has my permission to take photos, videos and/or films of my son or daughter and consent to use such materials for promotional purposes by Turning Pointe Academy of Dance.

Parent/Guardian Signature _____ **Date** _____

For Office Use Only	Payment Received?	Yes / No		
	Payment Method	Credit Card	Check	_____