



2019-2020 Registration Form

Student's Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name if different: _____ Student's Birth date: _____

Age at enrollment: _____ Grade: _____ School: _____

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Mom's Work: _____ Mom's cell: _____

Dad's work: _____ Dad's cell: _____ Cell Phone Carrier: _____

E-Mail Address: _____

TEXT COMMUNICATION

Cell phone # you would like to receive ALERTS and Reminders: _____

Cell phone Carrier/Provider *MUST have for Text Notifications: _____

EMERGENCY CONTACT INFORMATION

(Other than parents)

Contact: _____ Relation: _____ Phone: _____

Physical or medical problems, allergies or other situation of which we should be aware:

***Turning Pointe primarily communicates through email and text. Please make sure that your cell phone number and email address are always up to date.**

Name of Class: _____ Day: _____ Time: _____

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WAIVER OF LIABILITY & PHOTO RELEASE: I do hereby release Turning Pointe School of Dance, its Directors, and employees from any liability in connection with the dance and fitness classes in which the above named student is enrolled. Given the nature of physical education classes, and with the knowledge that injuries might occur, I assume all risk associated with participating in dance activities. In addition, I realize that any other family member or guest may also be at risk for injury while in the dance studios or using studio equipment. Therefore, I understand that Turning Pointe is not held liable for any harm that may come to my personal property including, but not limited to, purses, dance bags, cell phones, I-Pods, mp3 players, and will not assume liability for any sustaining injury or personal loss. In additions, I grant to *Turning Pointe School of Dance* the right to take photographs of my child. I agree that *Turning Pointe School of Dance* may use such photographs for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent or Student (if over 18) signature _____ **Date** _____

Recurring Payment Authorization Form

Please complete the information below:

I _____ authorize Turning Pointe School of Dance to charge my credit card indicated below for monthly tuition and all fees on the 1st of each month during the 2019-2020 dance season.

Billing Address _____

City, State, Zip _____

Email _____

Phone# _____

Turning Pointe School of Dance

935 HWY 124

Suite 208

Braselton, Georgia 30517

770-344-9549

Debit or Credit Card

☐ Visa ☐ MasterCard

☐ Amex ☐ Discover

Cardholder Name _____

Card Number _____

Exp. Date _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect for the time specified, and I agree to notify Turning Pointe School of Dance in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Turning Pointe School of Dance may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

Office Use ONLY	
Registration taken by: _____	Date: _____
Registration Fee Amount: _____ <input type="checkbox"/> Paid Registration Fee	Total hours of classes enrolled: _____ Monthly Tuition Amount: _____ <input type="checkbox"/> Enrolled in Classjuggler