



HIGH POINT DANCE CENTER

A division of HPB

Physical Address
 121 S. Centennial Street
 High Point, NC 27262

Mailing Address
 PO Box 6127
 High Point, NC 27262

(336) 887-4472

Application 2016-2017 Season

Dancer's Name

Date

Parent/Guardian Name

Mailing Address (Street, City, State, Zip Code)

Home Phone

Parent Cell

Dancer Cell

Parent Email

Dancer Email

Age

Date of Birth

Please Indicate Classes:

- | | | | |
|------------------------|-----------------|-----------------------------|----------------------------------|
| Level I- Ages 3-4 | ___ \$50/month | Hip Hop I- Ages 9 & up | ___ \$50/Month* |
| Level II- Ages 5-6 | ___ \$50/month | Acrobatics- Ages 9 & up | ___ \$50/Month* |
| Level III- Ages 7-8 | ___ \$65/month | Tumbling- Ages 6-8 | ___ \$50/Month* |
| Level IV- Ages 9-11 | ___ \$70/month | Contemporary Ages 9 & up | ___ \$50/Month* |
| Level V- Ages 12 & up | ___ \$80/month | Competition | Audition Only |
| Level VI- Ages 14 & up | ___ \$80/Month | Zumba- Ages 18+ | ___ \$5/Class (Pd to Instructor) |
| Prepointe | ___ \$50/Month* | | |
| Pointe I | ___ \$50/Month* | | |
| Pointe II | ___ \$50/Month* | | |

*\$5 Monthly Tuition Discount and \$25 Costume/Production Discount if already participating in Level IV – Level VI.

All fees are considered past due by the 5th of the month and subject to a \$20 late fee.

I understand and agree to abide by the fees payment which includes tuition and costume/production fees.

Signature Parent/Guardian Signature if under age 21



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Health History Information

Because performance is a highly physical activity, it is necessary that the following information concerning health history be provided. Please remember that all information is considered important and will be considered confidential.

 Dancer Name

 Emergency Contact

 Name

 Relationship

 Phone Numbers

 List all known allergies:

 List all conditions being monitored by a physician & special instructions in the event of a health crisis:

 List all medications currently taken:

Does High Point Dance Center have permission to administer the following for minor complaints?

Tylenol ____ If so, indicate dosage _____

Advil ____ If so, indicate dosage _____

General Release/Indemnification

In case of an emergency, if the staff of High Point Dance Center is unable to reach me by phone, concerning a situation that requires immediate emergency medical assistance, I hereby give my permission to the staff to secure treatment for my child as named in this application. As an additional consideration, I release High Point Dance Center from liability for injuries to the person or property of the student, which may occur while participating in the activities of this company. In addition, I will not hold High Point Dance Center responsible for any theft, accident or injury during any High Point Dance Center function or activity.

High Point Dance Center shall have the right to use the name, photograph, video-tape, voice, or other likeness of the student; and to exhibit the same through any medium whatsoever during the term of this agreement or at any time in the future for advertising, promotional or commercial purposes. All such reproduction shall be the exclusive property of High Point Dance Center.

I certify that the above information is accurate and complete and I am in agreement with this release and consider it legal and binding:

 Signature of parent/guardian