

# Student Release Forms

**Student 1):** \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Any Special Conditions? \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Student 2):** \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Any Special Conditions? \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Name):** \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Info: \_\_\_\_\_ PROVIDER POLICY #

I have read and understand the policies of *Turning Pointe Centre for the Arts, Turning Pointe Theatre, Turning Pointe Models & Talent Agency, Karate World of Lexington* and will not hold the studio and/or staff members liable for any damages or loss of property incurred while on the premises or any function associated with the above named. Submitting this form means: "I hereby enroll myself or my child for the 10.5-month season (August – June \_\_\_\_\_). Initial \_\_\_\_\_

Withdrawal requires a 30-day written notice and no refunds, deductions, or transfers for missed lessons regardless of reason. As a parent I will support the staff and student(s) while participating in any function or performances associated with this studio. Initial \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby authorize TPCA, TPT, TPMT, and Karate World of Lexington to full use and rights to use all photographs, videos and materials of this student on any websites, publicity material and/or advertisements without further notice. Initial \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*I GIVE PERMISSION FOR MONTHLY AUTOMATIC DRAFT 1<sup>ST</sup> OF THE MONTH\*\***

NAME ON CARD: \_\_\_\_\_

CREDIT CARD: \_\_\_\_\_ EXP: \_\_\_\_\_ VIN: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_