

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 LAST DAY OF THE MONTH****

NAME ON CARD: _____

CREDIT CARD: _____ EXP: _____ VIN: _____

Signature Date