



Office Use Only:

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card \_\_\_\_\_

cash \_\_\_\_\_

Amount paid: \_\_\_\_\_

**2025 Summer Training Camp Registration Form**  
**\$45.00 to Reserve Spot**

STUDENT NAME: FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

STUDENTS BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENTS: FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

HOW MANY YEARS HAS THE STUDENT BEEN WITH BAYPOINTE? \_\_\_\_\_

HOW MANY YEARS HAS THE STUDENT STUDIED DANCE? \_\_\_\_\_

SCHOOL STUDENT ATTENDS: \_\_\_\_\_ GRADE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

IS THE STUDENT ALLERGIC TO ANYTHING OR HAVE ANY INJURIES? \_\_\_\_\_

PARENTS SIGNATURE: \_\_\_\_\_

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**Class/Day/Time** \_\_\_\_\_

**Class/Day/Time** \_\_\_\_\_

**Class/Day/Time** \_\_\_\_\_

**Monthly tuition** \_\_\_\_\_



8756 Rand Avenue // DAPHNE, ALABAMA 36526 // (251) 621-3980

**RELEASE:** The following must be signed by a parent/guardian before any student can be accepted to Baypointe Dance Academy.

I understand that all precautions have been and will be taken for the safety of my child/children. I hereby release Baypointe Dance Academy and all respective agents and/or employees from any liability for personal injury or death or damage or loss of property incurred because of the result of my child's participation in dance or tumbling, regardless, of whether caused by the negligence of said parties or otherwise.

**INSURANCE:** I understand that Baypointe Dance Academy does not provide medical insurance for its students. It is REQUIRED that all students be covered by their own families insurance policies, and if an injury occurs it is understood that the student's family policy is my/our ONLY source of reimbursement.

**I have received, read, and understand The Studio Information and Policies 2025 – 2026.**

\_\_\_\_\_  
Parent's Signature

Child's (Children's) Name \_\_\_\_\_

Date: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

I hereby give permission for my child to be transported to the nearest doctor or hospital in case of injury or emergency if unable to locate parent or guardian.

\_\_\_\_\_  
Parent or Guardian Signature

EMERGENCY NUMBERS:

1. \_\_\_\_\_  
NAME, RELATIONSHIP, PHONE NUMBER

2. \_\_\_\_\_  
NAME, RELATIONSHIP, PHONE NUMBER